



U.S. Department of Transportation

National Highway Traffic Safety Administration

#### Dear Crash Data Researchers/Users:

Thank you for choosing crash data from the National Highway Traffic Safety Administration (NHTSA) for your research or other use. The information contained in this motor vehicle crash report is collected, maintained and distributed in accordance with Public Law 89-564. In accordance with this Public Law, NHTSA is required not to release any case information until completion of quality control procedures. These procedures include a review of the case material to extract all names, licenses and registration numbers, non-coded interview material, non-research related researcher comments in the margins, non-factual data, and the production number portion of the vehicle identification number (VIN).

If you requested NHTSA to query its database files in order to identify a specific crash, then that query was made using non-personal descriptors you provided for use in our search. This motor vehicle crash may have been identified from a data search and matches the general, non-personal descriptors you provided, but we cannot confirm that this is the specific crash report you requested.

If you have any questions with regard to the above procedures, please contact the Field Operations Branch, Crash Investigation Division, National Center for Statistics and Analysis at 202-366-4820. Again, please be advised that we cannot confirm that this is the case that you have specifically requested nor can we certify the information to be correct.

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## CASE SUMMARY

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

PSU 48 CASE NO. 092A TYPE OF ACCIDENT Car/Light Truck-Right Angle

# A. DESCRIPTION OF THE ACCIDENT SEQUENCE AND ACCIDENT PECULIARITIES

(Provide a summary of the accident sequence as well as any particular event of the accident that is noteworthy. Injury mechanism and vehicle crashworthiness is the focus, not driver culpability. Do not include any personal identifiers. Use reverse side if needed.)

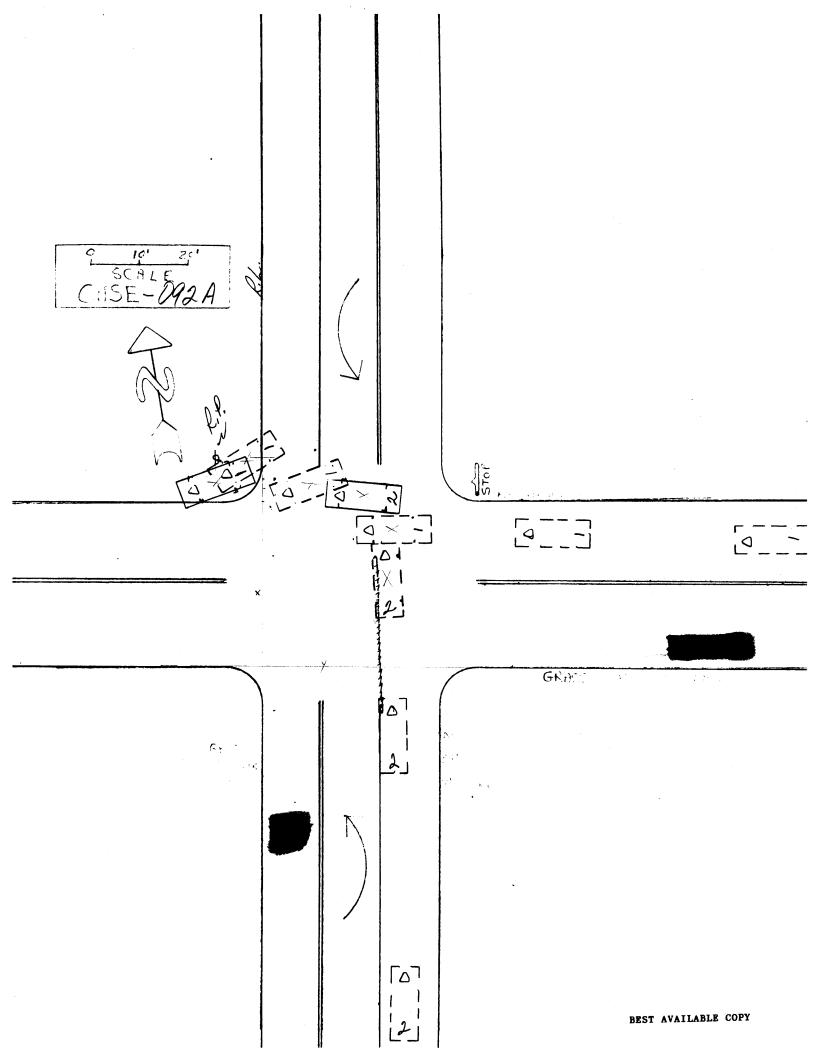
V1 was Westbound on a two-Lane city street. V2 was Northbound on an intersecting street. V1 was struck in the left side by the front of V2. V1 then sideswiped a utility pole and small pole connected to the utility pole. V1 came to rest near the utility pole on the Northwest corner of the intersection. V2 rotated 90°clockwise and came to rest in the intersection. Driver of V1 was pronounced dead at a nearby Trauma Center. V102 and V201 were treated at the Trauma Center for injuries.

B. VEHICLE PROFILE(S)						
	Class		Most Seve	re Damage	C	
Vehicle No.	of Vehicle	Year/Make/Model	Damage Plane	Severity Description	Component Failure	
1	Intermediate	91/Ford/Taurus	Left	Moderate	None	
2	Pickup	86/Mazda/B2000	Front	Moderate	None	

C. PERSON PROFILE(S)							
Vehicle	Person	Seat	Restraint		Most S	Severe	Injury
No.	Role	Position	Use	Body Region	Lesion	AIS	Injury Source
1	Driver	Front Left	Lap/Should	er FA	ΓAL-DETAIL	5 UN	KNOWN
1	Passenge	er Front Rig	ht None	רמו	JRED - DET	AILS	UNKNOWN
2	Driver	Front Left	None	Face	Abrasion	1	WindShield

DO NOT SANITIZE THIS FORM

G1: AV. BEST AVAILABLE COPY



U.S. Department of Transportation National Highway Traffic Safety Administration

# ACCIDENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	47

2. Case Number - Stratum

		<del></del>	
		_	1
_/ )	0	2	
	-/		$\overline{}$
	<u> </u>		

# **IDENTIFICATION**

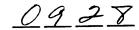
3. Number of General Vehicle Forms Submitted

02

4. Date of Accident (Month, Day, Year)



5. Time of Accident



Code reported military time of accident.

NOTE: Midnight = 2400

Unknown = 9999

# SPECIAL STUDIES - INDICATORS

Check (/) each special study (SS12-SS16 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

6. \_\_\_SS12 Not Active

0

7. \_\_\_SS13. Not Active

0

8. \_\_\_SS14 Fatal AOPS

16

9. \_\_\_SS15 \_\_\_\_\_

\_

10. \_\_\_SS16 \_\_\_\_\_

## NUMBER OF EVENTS

11. Number of Recorded Events in This Accident

03

Code the number of events which occurred in this accident.

# ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object on the right.

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>0 1</u>	13. 0 /	14. <u>03</u>	15. <u>L</u>	16. 02	17. <u>/5</u>	18
19. <u>0</u> <u>2</u>	20. /	21. <u>0.3</u>	22. <u>L</u>	23. <u>50</u>	24. <u>O</u> _O	25
26. <u>0</u> <u>3</u>	27. <u>0 /</u>	28. <u>0 3</u>	29. <u>R</u>	30. <u>5</u> <u>/</u>	31. <u>0</u> 0	32. <u>Ø</u>
33. <u>0 4</u>	34	35	36	37	38	39
40. <u>0</u> <u>5</u>	41	42	43	44	45	46

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

# CODES FOR CLASS OF VEHICLE

- (00) Not a motor vehicle
- (01) Subcompact/mini (wheelbase < 100 inches)
- (02) Compact (wheelbase = 100 104 inches)
- (03) Intermediate (wheelbase = 105 109 inches)
- (04) Full size (wheelbase = 110 114 inches)
- (05) Largest (wheelbase ≥ 115 inches)
- (09) Unknown passenger car size
- (11) Compact utility vehicle
- (12) Large utility vehicle (≤ 10,000 lbs GVWR)
- (13) Passenger van (≤ 10,000 lbs GVWR)
- (14) Other van (≤ 10,000 lbs GVWR)
- (15) Pickup truck (≤ 10,000 lbs GVWR)
- (18) Other truck (≤ 10,000 lbs GVWR)
- (19) Unknown light truck type
- (20) School bus
- (21) Other bus
- (22) Truck (> 10,000 lbs GVWR)
- (23) Tractor without trailer
- (24) Tractor-trailer(s)
- (25) Motored cycle
- (28) Other vehicle
- (99) Unknown

### **CODES FOR GENERAL AREA** OF DAMAGE (GAD)

## CDS APPLICABLE AND **OTHER VEHICLES**

## TDC APPLICABLE **VEHICLES**

- (O) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back
- (T) Top
- (U) Undercarriage
- (9) Unknown

- (O) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back of unit with cargo area (rear of trailer or straight truck)
- (D) Back (rear of tractor)
- (C) Rear of cab
- (V) Front of cargo area
- (T) Top
- (U) Undercarriage
- (9) Unknown

# CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

中性

#### (01-30) - Vehicle Number

#### Noncollision

- (31) Overturn rollover
- (32) Fire or explosion
- (33) Jackknife
- (34) Other intraunit damage (specify):
- (35) Noncollision injury
- (38) Other noncollision (specify):
- (39) Noncollision details unknown

### Collision With Fixed Object

- (41) Tree (≤ 4 inches in diameter)
- (42) Tree (> 4 inches in diameter)
- (43) Shrubbery or bush
- (44) Embankment
- (45) Breakaway pole or post (any diameter)

#### Nonbreakaway Pole or Post

- (50) Pole or post (≤ 4 inches in diameter)
- (51) Pole or post (> 4 inches but  $\leq$  12 inches in
- (52) Pole or post (> 12 inches in diameter)
- (53) Pole or post (diameter unknown)
- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail) (specify):

- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify):
- (69) Unknown fixed object

#### Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
- (72) Pedestrian
- (73) Cyclist or cycle
- (74) Other nonmotorist or conveyance
- (75) Vehicle occupant
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (88) Other nonfixed object (specify):
- (89) Unknown nonfixed object
- (98) Other event (specify):
- (99) Unknown event or object



U.S. Department of Transportation

National Highway Traffic Safety Administration

# ACCIDENT COLLISION **MEASUREMENT TABLE**

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

Primary Sampling Unit Number

Case Number - Stratum (

ACCIDENT COLLISION DIAGRAM

#### LEVEL I PHYSICAL EVIDENCE ABSENT

To be accomplished when there is no physical evidence present at the scene:

- approximate vehicle orientation at impact and final rest
- applicable road/roadway delineation (e.g., curbs/edge lines, lane markings, median markings, pavement markings, etc.)
- \* applicable traffic controls (e.g., speed
- north arrow piaced on diagram
- sketch required

#### LEVEL II PHYSICAL EVIDENCE PRESENT

In addition to the level I tasks noted above, the following must be accomplished when

LEVEL II (Cont'd) physical evidence is present:

- document reference point and reference line relative to physical features present at the scene
- \* scale documentation of all accident induced physical evidence
- scaled documentation of all roadside objects contacted
- roadway surface type and condition of applicable roadways
- grade measurements for all applicable roadways and at location of rollover initiation
- scaled representations of the vehicle(s) at pre-impact, impact, and final rest based upon either:
  - a) physical evidence, or
  - b) reconstructed accident dynamics

**CRASH DATA** 

VEH. #1 VEH. #2 VEH. #3

Heading AngleC

Surface Condition

Surface

Condition

Surface

Condition

Grade (v/h) Measurement (between impact and final rest)

Grade (v/h) Measurement (at location of rollover initiation)

Reference Point: Struck Pole	Reference line: W Ro	advay Edge
= ON NW CORNER of Intelsection	of	
Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
POI w/utility Pole-V	-0-	95 WES
VI @ FRP - RF	42 5	159 W V
RR	0 5	78 W
LF	9-5	1200 W
L R	6 <sup>2</sup> 5	56 W
Metal pole AHACLED to willingle	, 06 5	9° W
V2 @ FRP - RF	45 5	16 8 6
RR	52 5	262 ( 4
L F	10-1 5	16 -
LR	10 % 5	2531 (4
V2's Skid D Beg	525	248 E
End End	2025	23% {
Post (Sign) (Not Struck)	4º 5	92 W

ltem	Distance and Direction from Reference Point	Distance and Direction from Reference Line
	· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·

	10 0 10
National Accident Sampling System-Crashworthiness Data	a System: General Vehicle Form
OCCUPANT RELATED	
16. Driver Presence in Vehicle	24. Rollover (no overturning)
(0) Driver not present	
(1) Driver present	Rollover (primarily about the longitudinal axis)
(9) Unknown	(1) Rollover, 1 quarter turn only (2) Rollover, 2 quarter turns
	(3) Rollover, 3 quarter turns
17. Number of Occupants This Vehicle	(4) Rollover, 4 or more quarter turns (specify):
(00-96) Code actual number of occupants	
for this vehicle (97) 97 or more	
(99) Unknown	(5) Rolloverend-over-end (i.e., primarily
(00)	about the lateral axis) (9) Rollover (overturn), details unknown
1.2.1	(5) Hollover (overturn), details unknown
18. Number of Occupant Forms Submitted	OVERDIDE/LINDERDIDE /TURE VELICUE)
VEHICLE WEIGHT ITEMS	OVERRIDE/UNDERRIDE (THIS VEHICLE)
	25. Front Override/Underride (this Vehicle)
19. Vehicle Curb Weight <u>O3,O</u> 00	
3049 Code weight to nearest 100 pounds.	26. Rear Override/Underride (this Vehicle)
(010) Less than 1050 pounds	(0) No override/underride, or
(135) 13,500 pounds or more	not an end-to-end impact
(999) Unknown	
Source:	Override (see specific CDC) (1) 1st CDC
	(2) 2nd CDC
20. Vehicle Cargo Weight	(3) Other not automated CDC (specify):
Code weight to nearest	
100 pounds.	
(00) Less than 50 pounds (97) 9,650 pounds or more	Underride (see specific CDC) (4) 1st CDC
(99) Unknown	(5) 2nd CDC
	(6) Other not automated CDC (specify):
RECONSTRUCTION DATA	
21. Towed Trailing Unit	(7) Medium/heavy truck or bus override
(0) No towed unit	(9) Unknown
(1) Yes—towed trailing unit (9) Unknown	
(a) Olikilowii	HEADING ANGLE AT IMPACT FOR
22 Decumentation of Tail to D	HIGHEST DELTA V
22. Documentation of Trajectory Data for This Vehicle	
(0) No	Values: (000)-(359) Code actual value
(1) Yes	(997) Noncollision (998) Impact with object
	(999) Unknown
23. Post Collision Condition of Tree or Pole	2 2 2
(For Highest Delta V)	27. Heading Angle For This Vehicle
(0) Not collision (for highest delta V) with	29 Handing Apple For Oak William
tree or pole (1) Not damaged	28. Heading Angle For Other Vehicle
(2) Cracked/sheared	
(3) Tilted <45 degrees	
(4) Tilted ≥45 degrees	
(5) Uprooted tree (6) Separated pole from base	
(7) Pole replaced	
(8) Other (specify):	
(9) Unknown	
,-,	

Cate- gory	Configur- ation	ACCIDENT TYPES (Includes Intent)
	A. Right Roadside Departure	DRIVE OFF CONTROL/ AVOID CULLISION SPECIFICS SPECIFICS ROAD TRACTION LOSS WITH VEH., PED., ANIM. OTHER UNKNOWN
I. Single Driver	B. Left Roadside Departure	DRIVE OFF CONTROL/ AVOID COLLISION SPECIFICS SPECIFICS TRACTION LOSS WITH VEH., PED., ANIM. OTHER UNKNOWN
_	C Forward Impact	PARKED VEH. STA. OBJECT PEDESTRIAN/ END SPECIFICS SPECIFICS UNKNOWN
Îcway :Ion	D Rear-End	20 22 24 26 28 30 (EACH • 32) (EACH • 33)  STOPPED SLOWER DECEL. 29 31 SPECIFICS OTHER UNKNOWN
II. Same Trafficway Same Direction	E Forward Impact	34 35 36 37 38 40 127 (EACH • 42) (EACH • 43)  CONTROL/ TRACTION LOSS TRACTION LOSS WITH VEH.  AVOID COLLISION WITH OBJECT OTHER UNKNOWN
	F. Sideswipe Angle	44 45 45 (EACH • 48) (EACH • 49) SPECIFICS OTHER SPECIFICS UNKNOWN
vay	G Head-On	50 51 (EACH • 52) (EACH • 53)  SPECIFICS SPECIFICS UNKNOWN
Same Trafficway Opposite Direction	H Forward Impact	CONTROL/ TRACTION LOSS TRACTION LOSS WITH VEH.  58 59 60 CT (EACH • 62)(EACH • 63)  AVOID COLLISION WITH OBJECT OTHER UNKNOWN
Ë	I. Sideswipe! Angle	65 (EACH • 66) (EACH • 67)  SPECIFICS SPECIFICS UNKNOWN  OTHER
Trafficway Turning	J. Turn Across Path	INITIAL OPPOSITE INITIAL SAME DIRECTIONS  SPECIFICS SPECIFICS OTHER UNKNOWN
IV. Change Vehicle	K. Turn Into Path	TURN INTO SAME DIRECTION  81  82  (EACH • 84) (EACH • 85)  82  SPECIFICS OTHER UNKNOWN
V. Intersecting Paths (Vehicle Damage)	L. Straight Paths	SE SPECIFICS UNKNOWN OTHER
VI. Miscel- lancous	M. Backing Etc.	S2 93  OTHER VEH. 98 Other Accident Type  BACKING VEH. 90 No Impact

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v		136	D	÷Ν	V-

56. Driver's Zip Code

(00000) Driver not present

(00001) Driver not a resident of U.S. or territories Code actual 5-digit zip code

(99999) Unknown



- (0) Driver not present
- (1) White (non-Hispanic)
- (2) Black (non-Hispanic)
- (3) White (Hispanic)
- (4) Black (Hispanic)
- (5) American Indian, Eskimo or Aleut
- (6) Asian or Pacific Islander
- (8) Other (specify):
- (9) Unknown

58. Vehicle Special Use (This Trip)

- (0) No special use
- (1) Taxi
- (2) Vehicle used as school bus
- (3) Vehicle used as other bus
- (4) Military
- (5) Police
- (6) Ambulance
- (7) Hearse
- (8) Fire truck or car
- (9) Unknown

# **ROLLOVER DATA**

If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank. If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.

If GV24 = 9, then GV59-GV63 must equal 9.

- 59. Rollover Initiation Type
  - (0) No rollover
  - (1) Trip-over
  - (2) Flip-over
  - (3) Turn-over (4) Climb-over

  - (5) Fall-over
  - (6) Bounce-over
  - (7) Collision with another vehicle
  - (8) Other rollover initiation type specify):
  - (9) Unknown rollover initiation type
- 60. Location of Rollover Initiation
  - (0) No rollover
  - (1) On roadway
  - (2) On shoulder-paved
  - (3) On shoulder—unpaved
  - (4) On roadside or divided trafficway median
  - (9) Unknown

61. Rollover Initiation Object Contacted

62. Location on Vehicle Where Initial Principal Tripping Force Is Applied



- (O) No rollover
- (1) Wheels/tires
- (2) Side plane
- (3) End plane
- (4) Undercarriage
- (5) Other location on vehicle (specify):
- (8) Non-contact rollover forces (specify):
- (9) Unknown

63. Direction of Initial Roll



- (0) No rollover
- (1) Roll right primarily about the longitudinal axis
- (2) Roll left primarily about the longitudinal axis
- (5) End-over-end (i.e., primarily about the lateral axis)
- (9) Unknown roll direction

### PRECRASH DATA

64. Pre-Event Movement (Prior to Recognition of Critical Event)



- (01) Going straight
- (02) Slowing or stopping in traffic lane
- (03) Starting in traffic lane
- (04) Stopped in traffic lane
- (05) Passing or overtaking another vehicle
- (06) Disabled or parked in travel lane
- (07) Leaving a parking position
- (08) Entering a parking position
- (09) Turning right
- (10) Turning left
- (11) Making a U-turn
- (12) Backing up (other than for parking position)
- (13) Negotiating a curve
- (14) Changing lanes
- (15) Merging
- (16) Successful avoidance maneuver to a previous critical event
- (97) Other (specify):
- (98) No driver present
- (99) Unknown

# CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

(57) Fence (00) No rollover (58) Wall (01-30) - Vehicle Number (59) Building (60) Ditch or culvert **Noncollision** (61) Ground (31) Turn-over — fall-over (62) Fire hydrant (33) Jackknife (63) Curb (64) Bridge Collision With Fixed Object (68) Other fixed object (specify): (41) Tree (≤ 4 inches in diameter) (42) Tree (> 4 inches in diameter) (69) Unknown fixed object (43) Shrubbery or bush (44) Embankment Collision with Nonfixed Object (45) Breakaway pole or post (any diameter) (71) Motor vehicle not in-transport (76) Animal (77) Train Nonbreakaway Pole or Post (78) Trailer, disconnected in transport (50) Pole or post (≤ 4 inches in diameter) (51) Pole or post (> 4 inches but ≤ 12 inches in (88) Other nonfixed object (specify): diameter) (89) Unknown nonfixed object (52) Pole or post (> 12 inches in diameter) (53) Pole or post (diameter unknown) (98) Other event (specify): (54) Concrete traffic barrier (99) Unknown event or object (55) Impact attenuator (56) Other traffic barrier (includes guardrail)

(specify):

U.S. Department of Transportation

National Highway Traffic Safety Administration

# **EXTERIOR VEHICLE FORM**

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

Callwin (10 (10))			· · · · · · · · · · · · · · · · · · ·					- OILOIOI	14401111111	LOG UNI	AUIUIL
1. Prima	ry Sampling Unit No	umber	4	∑   3	. Vehic	e Numb	er				21
2. Case	Number - Stratum		92	A							
			VEHICLE	IDENT	IFICAT	ION					
\/INI /	FACP:	521	1 d M	1	THE PARTY OF THE PARTY.			4	Model \		7
	ake (specify):	<u> </u>	C gran				4		_		
Vehicle Ma	ake (specify):	one	-			Model (	specify):	1,40	KKK	<u> </u>	
		- ***		OCAT		1	P				
	e end of the damage amaged axle for sid		ect to the ve	nicle ion	igitudina	i center	line or t	oumper	corner f	or end i	mpacts
Specific I	mpact No.		of Direct D			1			of Field		
	2 Ends	38" fr	Lapul J	CK	Axle	Ends	245	hea	and 8	7 CK	AR
O	DEG.	FORWAR	0	F W	<u>uel</u>						<del></del>
			CRU	SH PR	OFILE						
NOTES: I	dentify the plane at sill, etc.) and label a	which the	C-measuren	nents ar	e taken	(e.g., at	bumpe	r, above	bumpe	r, at sil	, above
		-		•	loostion	of man	·i	b			
	Measure and docum										
. i	Measure C1 to C6 fi mpacts.	rom ariver i	to passengei	r side in	tront or	rear im	pacts ar	nd rear 1	to front	in side	
F	ree space value is	defined as 1	the distance	betwee	n the ba	seline a	nd the	original i	body co	ntour ta	ken at
S	the individual C loca side taper, etc. Rec	ord the val	ue for each	e the to C-measi	rement	and ma	riead, b	umper t crush.	aper, sid	de protr	usion,
ι	Jse as many lines/c			describ	e each	damage	profile.				
Specific Impact	Plane of Impact	Direct Width	Damage Max	Field	C,	C,	c,	C <sub>4</sub>	C-	C.	±D
Number	C-Measurements	(CDC)	Crush	L		_		•	36		
01	( Side	102.5	موت	8/	J.5	12.5	15.25	10.5	5.25	0.5	+19.7
							*				<del> </del>
			1		<del> </del>						
02	(R) side	23									
					<u> </u>						<del> </del>
											-

# **VEHICLE DAMAGE SKETCH ORIGINAL SPECIFICATIONS** WHEEL STEER ANGLES TIRE-WHEEL DAMAGE (For locked front wheels or a. Rotation physically b. Tire displaced rear axles only) deflated Wheelbase restricted RF ± Overall Length LF ± Maximum Width RR ± **Curb Weight** Within ± 5 degrees Average Track (1) Yes (2) No (8) NA (9) Unk. **DRIVE WHEELS** Front Overhang ☑ FWD □ RWD □ 4WD Rear Overhang TYPE OF TRANSMISSION Engine Size: cyl./displ. **Approximate Undeformed End Width** Cargo Weight ☐ Manual **X** Automatic Original **Bumper height** POST-CRASH Bumper corner **Bumper corner** Stringline Stringline POST-CRASH **Bumper** corner **Bumper corner** Stringline Stringline

NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

(01-30)	- Vehicle Number		Fence
		(58)	
Noncoll			Building
• - •	Overturn — rollover		Ditch or culvert
	Fire or explosion		Ground
	Jackknife		Fire hydrant
(34)	Other intraunit damage (specify):		Curb
			Bridge
	Noncollision injury	(68)	Other fixed object (specify):
(38)	Other noncollision (specify):	4001	Halana diagdaliant
		(69)	Unknown fixed object
(39)	Noncollision — details unknown	0.111.61.51	- with Nonfived Object
			n with Nonfixed Object  Motor vehicle not in-transport
	n With Fixed Object		
	Tree (≤ 4 inches in diameter)		Pedestrian
	Tree (> 4 inches in diameter)		Cyclist or cycle
	Shrubbery or bush	(74)	Other nonmotorist or conveyance
(44)	Embankment	(75)	Vahiola accurant
			Vehicle occupant
·(45)	Breakaway pole or post (any diameter)		Animal
			Train Trailer, disconnected in transport
	akaway Pole or Post		Other nonfixed object (specify):
	Pole or post (≤ 4 inches in diameter)	(00)	Other nomixed object (specify).
(51)	Pole or post (> 4 inches but ≤ 12 inches in	/90\	Unknown nonfixed object
/E 2\	diameter)	(03)	Olikilowii ilolilixed object
	Pole or post (> 12 inches in diameter) Pole or post (diameter unknown)	1001	Other event (specify):
(53)	role or post (diameter unknown)	(30)	Other event (specify).
/EA\	Concrete traffic barrier	(99)	Unknown event or object
	Impact attenuator	(33)	Olikilowii evelit ei esjeet
	Other traffic barrier (includes guardrail)		•
(30)			
	(specify):		

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force (degrees)	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
01	02	-60 +20 +20	00	L R	<del>y</del> <del>y</del>	EE	200	03.
·								
·								

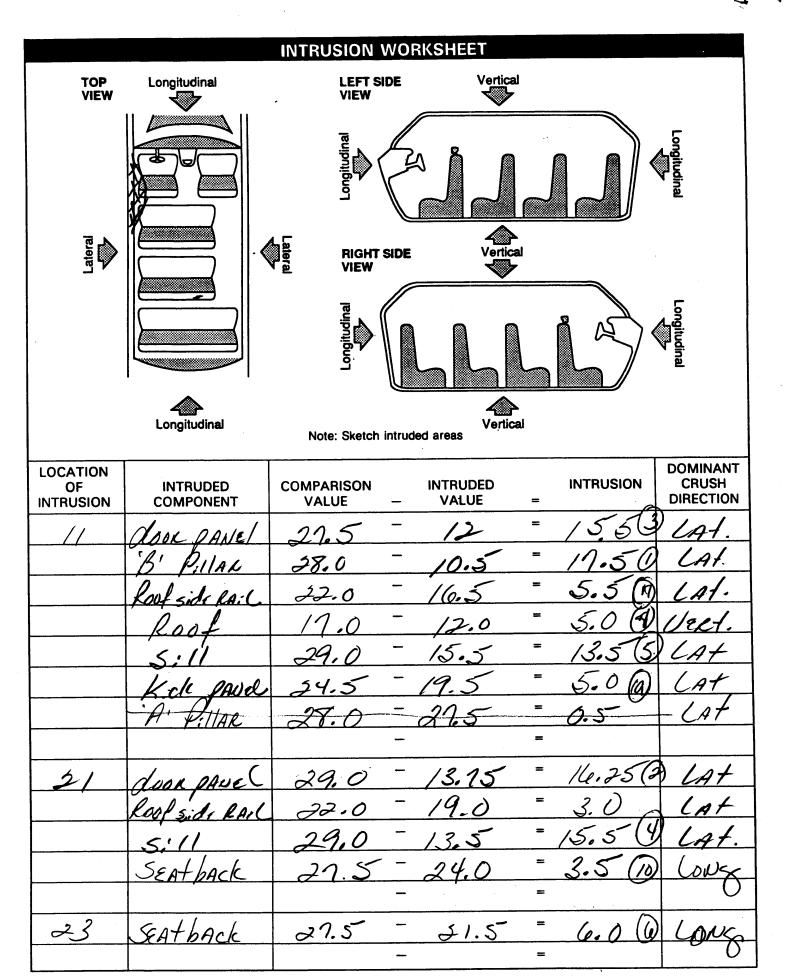
# U.S. Department of Transportation

National Highway Traffic Safety

# INTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM

lational Highway Traffic Safety Administration	INTENION VE	CRASHWORTHINESS DATA SYSTEM
	44	GLAZING
1. Primary Sampling Unit Number	$\Lambda = \frac{1}{2} \frac{1}{1}$	Glazing Damage from Impact Forces
2. Case Number - Stratum	0924	15. WS 2 16. LF (£17. RF (£) 18. LR (£) 19. RR (£)
3. Vehicle Number	01	20. BL <u>2</u> 21. Roof <u>8</u> 22. Other <u>2</u>
INTEGRITY		(0) No glazing damage from impact forces
4. Passenger Compartment Integrie (00) No integrity loss  Yes, Integrity Was Lost Through	ty <u>O</u> (	(2) Glazing in place and cracked from impact forces (3) Glazing in place and holed from impact forces (4) Glazing out-of-place (cracked or not) and not holed from impact forces (5) Glazing out-of-place and holed from impact forces
(01) Windshield (02) Door (side)		(6) Glazing disintegrated from impact forces (7) Glazing removed prior to accident
(03) Door/hatch (back door) (04) Roof		(8) No glazing (9) Unknown if damaged
(05) Roof glass (06) Side window		Clarica Damaga from Occupant Contact
(07) Rear window (backlight) (08) Roof and roof glass		Glazing Damage from Occupant Contact  23. WS 24. LF 25. RF 26. LR 27. RR
(09) Windshield and door (side) (10) Windshield and roof		28. BL 29. Roof 30. Other
(11) Side and rear window (side windo (12) Windshield and side window	w and backlight)	(0) No occupant contact to glazing or no glazing
(13) Door and side window (98) Other combination of above (speci	ify):	<ul><li>(1) Glazing contacted by occupant but no glazing damage</li><li>(2) Glazing in place and cracked by occupant contact</li></ul>
(99) Unknown		(3) Glazing in place and holed by occupant contact (4) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact (5) Glazing out-of-place by occupant contact and holed by
Door, Tailgate or Hatch Opening		occupant contact  (6) Glazing disintegrated by occupant contact
5. LF <u>3</u> 6. RF <u>/</u> 7. LR <u>3</u> 8. R	IR 9. TG/H	(9) Unknown if contacted by occupant
(0) No door/gate/hatch (1) Door/gate/hatch remained closed a	and operational	If No Glazing Damage <i>And</i> No Occupant Contact or No Glazing, Then Code IV31 Through IV46 As Ø
(2) Door/gate/hatch came open during (3) Door/gate/hatch jammed shut	•	Type of Window/Windshield Glazing
(8) Other (specify):		31. WS / 32. LF 2 33. RF 34. LR 2 35. RR
(9) Unknown		36. BL () 37. Roof ()38. Other ()
Damage/Failure Associated with Do	oor. Tailgate or Hatch	(O) No glazing contact and no damage, or no glazing (1) AS-1 — Laminated
Opening in Collision. If IV05-IV09	≠ 2, Then code Ø	(2) AS-2 — Tempered (3) AS-3 — Tempered-tinted
10. LF11. RF12. LR13.	. RR <u>/</u> / 14. TG/H///	(4) AS-14 — Glass/Plastic (8) Other (specify):
(O) No door/gate/hatch or door not op		(9) Unknown
Door, Tailgate or Hatch Came Open Du (1) Door operational (no damage)		Window Precrash Glazing Status
(2) Latch/striker failure due to damage (3) Hinge failure due to damage		39. WS / 40. LF 241. RF 0 42. LR 243. RR 0
(4) Door structure failure due to dama (5) Door support (i.e., pillar, sill, roof	~	44. BL <u>O</u> 45. Roof <u>O</u> 46. Other <u>O</u>
etc.) failure due to damage (6) Latch/striker and hinge failure due	to damage	(0) No glazing contact and no damage, or no glazing
(8) Other failure (specify):		(1) Fixed (2) Closed
(9) Unknown		(3) Partially opened (4) Fully opened (9) Unknown

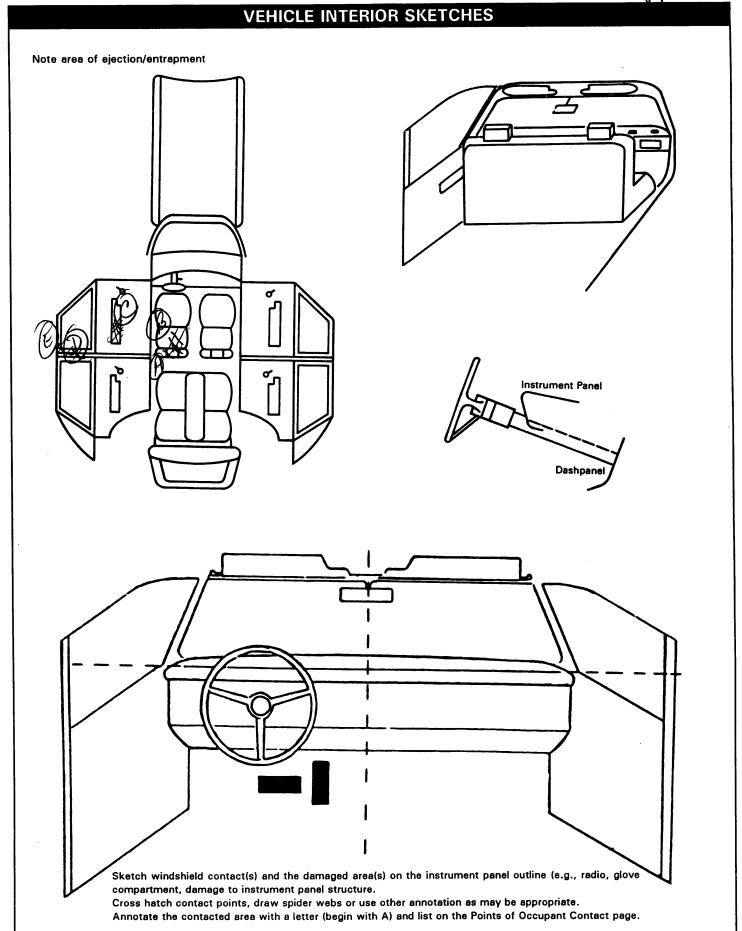


#### OCCUPANT AREA INTRUSION INTRUDING COMPONENT Note: If no intrusions, leave variables IV47-IV86 blank. Interior Components **Dominant** (01) Steering assembly Crush Magnitude Location of Intruding (02) instrument panel left of Intrusion Direction Component Intrusion (03) Instrument panel center (04) Instrument panel right 1st 47. 1 48. 07 49. 4 50. 3 (05) Toe pan (06) A-pillar (07) B-pillar 2nd 51.2 / 52. / 0 53. 4 54.3 (08) C-pillar (09) D-pillar (10) Door panel (side) (12) Roof (or convertible top) 3rd 55. / / 56. / O 57. 4 58. 3 (13) Roof side rail (14) Windshield (15) Windshield header (16) Window frame 4th 59. 2 / 60. / 1 61. 4 62. 3 (17) Floor pan (includes sill) (18) Backlight header (19) Front seat back (20) Second seat back 5th 63. / / 64. / 7 65. 4 66. 3 (21) Third seat back (22) Fourth seat back (23) Fifth seat back (24) Seat cushion 6th 67. 23 68. 19 69. 3 70. 2(25) Back door/panel (e.g., tailgate) (26) Other interior component (specify): (27) Side panel - forward of the A-pillar 7th 71. // 72. /3 73.2 74.3 (28) Side panel - rear of the A-pillar **Exterior Components** (30) Hood 75. // 76. /2 77.2 78./ (31) Outside surface of this vehicle (specify): (32) Other exterior object in the environment (specify): HOOD INTRUSTON 9th 79. / / 80. 2 7 81. 2 82. 3 (33) Unknown exterior object (97) Catastrophic (98) Intrusion of unlisted component(s) 83. 2 / 84. / 9 85. 2 862 (specify): (99) Unknown MAGNITUDE OF INTRUSION LOCATION OF INTRUSION $(1) \ge 1$ inch but < 3 inches Fourth Seat Front Seat $(2) \ge 3$ inches but < 6 inches (41) Left $(3) \ge 6$ inches but < 12 inches (11) Left (42) Middle (12) Middle $(4) \ge 12$ inches but < 18 inches (43) Right (5) ≥ 18 inches but < 24 inches (13) Right $(6) \ge 24$ inches (97) Catastrophic Second Seat (7) Catastrophic (98) Other enclosed (21) Left (9) Unknown area (specify) (22) Middle (23) Right (99) Unknown DOMINANT CRUSH DIRECTION Third Seat (1) Vertical (31) Left (2) Longitudinal (32) Middle (3) Lateral (33) Right (7) Catastrophic (9) Unknown

ST	EERING	RIM/SPOKE DEFC	RMATION	N .
COMPARISON VALUE	. <del>-</del>	DAMAGE VALUE	=	DEFORMATION
	_		=	
	_		12	
	_		=	
	<del>-</del>		=	
				-
				·

	STEERING COLUMN		92. Steering Rim/Spoke Deformation
87.	Steering Column Type (1) Fixed column (2) Tilt column (3) Telescoping column (4) Tilt and telescoping column (8) Other column type (specify):	2	Code actual measured deformation to the nearest inch. (0) No steering rim deformation (1-5) Actual measured value (6) 6 inches or more (8) Observed deformation cannot be measured (9) Unknown
	(9) Onknown		93. Location of Steering Rim/Spoke Deformation (00) No steering rim deformation
88.	Blank (This variable is left blank so that numbering consistency can be maintained with the 1988-91 CDS.	xx	Quarter Sections (01) Section A (02) Section B (03) Section C (04) Section D
89.	Blank (This variable is left blank	<u> </u>	Half Sections (05) Upper half of rim/spoke (06) Lower half of rim/spoke (07) Left half of rim/spoke (08) Right half of rim/spoke
	so that numbering consistency can be maintained with the 1988-91 CDS.		(09) Complete steering wheel collapse (10) Undetermined location (99) Unknown INSTRUMENT PANEL
90.	Blank (This variable is left blank so that numbering consistency can be maintained with the 1988-91 CDS.	XXX	94. Odometer Reading  /
91.	Blank (This variable is left blank so that numbering consistency	XXX	Source:
	can be maintained with the 1988-91 CDS.		95. Instrument Panel Damage from Occupant Contact? (0) No (1) Yes (9) Unknown
			96. Knee Bolsters Deformed from Occupant Contact? (0) No (1) Yes (8) Not present (9) Unknown
			97. Did Glove Compartment Door Open During Collision(s)? (0) No (1) Yes (8) Not present (9) Unknown

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tional Acc	ident Sampling S	System-Cras	shworth	iness Da	ta System: Interior V	ehicle Fo	rm \	Page
		POII	NTS C	F OCC	CUPANT CONTA	CT		
Contact	Interior Component Contacted	Occupant No. If Known	Re	ody egion If nown	Supporting Pt	nysical E	vidence	Confidenc Level of Contact Point
Α	44	/	1/10	Ad	blood			
В	40	7	40	AC	blood			1
С	21	/		7	blood			/
D	23	/		7	61000			/
E	25	/	he	sel	hAir			
F								
G								
Н								
1								
J								
K								
L								
М								
N								
		(	CODES	FOR INT	ERIOR COMPONENTS	3	-	
RONT (01) Win	dshield		(26)		window glass including ore of the following:	(48)	Child safety seat	(specify):
(02) Mirr (03) Sun	or		(27)	B pillar, o	indow sill, A pillar, r roof side rail. side object (specify):	(49)	Other interior obje	ct (specify):
(05) Ste	ering wheel hub/spo		•			ROOF	Front booder	
	ering wheel (combir codes 04 and 05)	nation	(28)	Lett side	window sill		Front header Rear header	
(07) Ste	ering column, transi	mission	RIGHT		intorior eurface		Roof left side rail Roof right side rai	i
(08) Add	ctor lever, other at I on equipment (e.g k, air conditioner)			excluding	e interior surface, hardware or armrests hardware or armrest		Roof or convertib	
(09) Left	instrument panel a		(32)	Right A p	oillar	FLOOR		a maml
(10) Cer	nter instrument pane	l and below		Right B p	illar		Floor (including to	-

- (34) Other right pillar (specify):
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A pillar, B pillar, or roof side rail.
- (37) Other right side object (specify):
- (38) Right side window sill

#### INTERIOR

(11) Right instrument panel and below

(14) Windshield including one or more

(15) Windshield including one or more

(passenger side only) (16) Other front object (specify):

(20) Left side interior surface,

(24) Other left pillar (specify):

(21) Left side hardware or armrest

(25) Left side window glass or frame

of the following: front header, A-

pillar, instrument panel, mirror, or

steering assembly (driver side only)

of the following: front header, A-

pillar, instrument panel, or mirror

excluding hardware or armrests

(12) Glove compartment door

(13) Knee bolster

LEFT SIDE

(22) Left A pillar

(23) Left B pillar

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify):\_
- (44) Head restraint system
- (45) Air bag
- (46) Other occupants (specify):
- (47) Interior loose objects

- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

## REAR

- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify):

#### CONFIDENCE LEVEL OF **CONTACT POINT**

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

# **AUTOMATIC RESTRAINTS**

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

#### **AIR BAGS**

F		Left	Right
-0	Availability/Function	/	
S	Deployment	4	
T	Failure	/	

#### Air Bag System Availability/Function

- (0) Not equipped/not available
- (1) Air bag

#### Non-functional

- (2) Air bag disconnected (specify):
- (3) Air bag not reinstalled
- (9) Unknown

#### Air Bag System Deployment

- (O) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

#### Did Air Bag System Fail?

- (O) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (9) Unknown

# **AUTOMATIC BELTS**

		Left	Right
	Availability/Function		
F	Use		
Ŕ	Туре		
S	Proper Use		
	Failure Modes		

# Automatic (Passive) Belt System Availability/Function

- (O) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts type unknown

#### Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

#### Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative)
- (3) Automatic belt use unknown
- (9) Unknown

#### Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

# Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

#### Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):
  - with cime surety sout (speeky)
- (8) Other improper use of automatic belt system (specify):
- (9) Unknown

# Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other automatic belt failure (specify):
- (9) Unknown

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### MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Ocupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous

	page.	Left	Center	Right
F	Availability	4	3	4
R S	Use	04	00	0'0
S T	Failure Modes		0	0
Ş	Availability	4	3	4
SECOZO	Use	0'0	00	00
	Failure Modes	0	0	0
Ţ	Availability			
H !	Use		,	
R D	Failure Modes			
OT H	Availability	·		
	Use			
E R	Failure Modes			

Manual	(Active)	Relt	System	<b>Availability</b>
wanuai	IACIIVE	DEIL	OAPIEIII	Mananiii A

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available type unknown

# Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):
- (9) Unknown

### Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify):
- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used type unknown

- (08) Other belt used (specify):
- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat type unknown
- (18) Other belt used with child safety seat (specify):\_\_\_\_\_
- (99) Unknown if belt used

### Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other manual belt failure (specify):
- (9) Unknown

Wh the	en a child safety seat is present enter the o occupant's number using the codes listed	ccupant's numb I below. Compl	per in the first row and complete the column below lete a column for each child safety seat present.
Oce	cupant Number		
1.	Type of Child Safety Seat		
2.	Child Safety Seat Orientation		
3.	Child Safety Seat Harness Usage		
	Child Safety Seat Shield Uasge		
	Child Safety Seat Tether Usage		
6.	Child Safety Seat Make/Model	Specify B	Below for Each Child Safety Seat
1.	Type of Child Safety Seat	3.	Child Safety Seat Harness Usage
	(0) No child safety seat (1) Infant seat	4.	Child Safety Seat Shield Usage
	(2) Toddler seat (3) Convertible seat	5.	Child Safety Seat Tether Usage
	(4) Booster seat	1•	Note: Options Below Are Used for Variables 3-5. (00) No child safety seat
	(7) Other type child safety seat (specify)	,. _	
	(8) Unknown child safety seat type (9) Unknown if child safety seat used		Not Designed with Harness/Shield/Tether (01) After market harness/shield/tether added, not used
2.	Child Safety Seat Orientation		(02) After market harness/shield/tether used (03) Child safety seat used, but no after market
	(00) No child safety seat		harness/shield/tether added
	Designed for Rear Facing for This Age/Weight (01) Rear facing		(09) Unknown if harness/shield/tether added or used
	(02) Forward facing (08) Other orientation (specify):		Designed With Harness/Shield/Tether (11) Harness/shield/tether not used (12) Harness/shield/tether used
	(09) Unknown orientation		(19) Unknown if harness/shield/tether used
	Designed for Forward Facing for This Age/Weight		Unknown If Designed With Harness/Shield/Tether (21) Harness/shield/tether not used
	(11) Rear facing (12) Forward facing		(22) Harness/shield/tether used (29) Unknown if harness/shield/tether used
	(12) Forward facing (18) Other orientation (specify):		•
	(19) Unknown orientation		(99) Unknown if child safety seat used
			Child Safety Seat Make/Model
	Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight	1	(Specify make/model and occupant number)
	(21) Rear facing		
	(22) Forward facing (28) Other orientation (specify):		
	(29) Unknown orientation		
	(99) Unknown if child safety seat used		

CHILD SAFETY SEAT FIELD ASSESSMENT

# **HEAD RESTRAINTS/SEAT EVALUATION**

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
F	Head Restraint Type/Damage	3	0	3
R	Seat Type	06	06	06
S	Seat Performance	(e	(0	6
T	Seat Orientation	/		
s	Head Restraint Type/Damage	1	0	
E C	Seat Type	03	03	0.3
O N	Seat Performance	Ce		/
Ď	Seat Orientation			
Т	Head Restraint Type/Damage			
Ĥ	Seat Type			
Ŕ	Seat Performance			
D	Seat Orientation			
0	Head Restraint Type/Damage			
Ť	Seat Type			
E	Seat Performance			
R	Seat Orientation			

Head	Restraint	Type/Damage	by	Occupant	at	This
Occup	pant Posit	ion				

- No head restraints
- (1) Integral no damage
   (2) Integral damaged during accident
- (3) Adjustable no damage
  (4) Adjustable damaged during accident
  (5) Add-on no damage
  (6) Add-on damaged during accident

- Other Specify):
- (9) Unknown

#### Seat Type (this Occupant Position)

- (00) No seat
- (01)Bucket
- (02) Bucket with folding back
- (03) Bench
- (04)Bench with separate back cushions
- (05) Bench with folding back(s)
- Split bench with separate back cushions (06)
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify):
- (10)Box mounted seat (i.e., van type)
- (99) Unknown

#### Seat Performance (this Occupant Position)

- (O) No seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed specify:
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment

intrusion (specify):

AND BACK

(7) Combination of above (specify):

(8) Other (specify):

(9) Unknown

#### Seat Orientation (this Occupant Position)

- (O) No seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify):
- (9) Unknown

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

	/FNT		1.1	
 741	 	 	3 11 2	 

Complete the following if the resin the vehicle. Code the appropriate in the vehicle in the	riate data on the ( [] and body parts inv	occpant As	ssessment For artial ejection(	m.  s):		
Occupant Number	/					
Ejection	2					
(Note on Vehicle Interior Sketch) Ejection Area	2					
Ejection Medium	d					
Medium Status	2					
Ejection (1) Complete ejection (1) Partial ejection (3) Ejection, Unknown degree (9) Unknown  Ejection Area (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear	(9) Unkn  Ejection M (1) Door (2) Nonfi (3) Fixed (4) Nonfi	edium /hatch/tailg ixed roof s glazing ixed glazin	pecify):	(8) C (9) U Mediur to Impa (1) C (2) C (3) Ii	Inknown n Status (In	m (specify):
ENTRAPMENT No Describe entrapment mechanism						

(Note in vehicle interior diagram)

National Accident Sampling System-Crashworthiness Data System: Occupant Assessment Form VI Ol Page

<b>∧</b>	
26. Seat Type (this Occupant Position)  (00) Occupant not seated or no seat	30. Child Safety Seat Orientation OO No child safety seat
(01) Bucket (02) Bucket with folding back	Designed for Rear Facing for This Age/Weight (01) Rear facing
(03) Bench	(02) Forward facing
(04) Bench with separate back cushions	(08) Other orientation (specify):
(05) Bench with folding back(s)	(00) Other orientation (specify).
(06) Split bench with separate back cushions	(09) Unknown orientation
(07) Split bench with folding back(s)	(09) Olikilowii olielitatioli
(08) Pedestal (i.e., column supported)	Designed For Forward Fooing for This Age/Weight
(09) Other seat type (specify):	Designed For Forward Facing for This Age/Weight
	(11) Rear facing
(10) Box mounted seat (i.e., van type)	(12) Forward facing
(99) Unknown	(18) Other orientation (specify):
	(19) Unknown orientation
27 Seet Berformance (this Occupant Position)	(19) Officiowit offentation
27. Seat Performance (this Occupant Position)	Unknown Design or Orientation For This
(0) Occupant not seated or no seat	Age/Weight, or Unknown Age/Weight
(1) No seat performance failure(s)	(21) Rear facing
(2) Seat adjusters failed	(22) Forward facing
(3) Seat back folding locks or "seat back" failed (4) Seat track/anchors failed	(28) Other orientation (specify):
• • • • • • • • • • • • • • • • • • • •	(28) Other orientation (specify).
(5) Deformed by impact of occupant	(29) Unknown orientation
(6) Deformed by passenger compartment intrusion (specify): $\frac{\partial U Shed}{\partial t_0} = \frac{\mathcal{K} \cdot \mathcal{L} \cdot \mathcal{L} \cdot \mathcal{L}}{\mathcal{L} \cdot \mathcal{L} \cdot \mathcal{L} \cdot \mathcal{L}}$	(25) Chkhown Chemation
KEARWARD FROM LEFT	(99) Unknown if child safety seat used
Side intrusion.	
(7) Combination of above (specify):	
(7) Combination of above topolity.	31. Child Safety Seat Harness Usage
(8) Other (specify):	
(a) Chial (aposity).	32. Child Safety Seat Shield Usage
(9) Unknown	
,-,	33. Child Safety Seat Tether Usage
	Note: Options below applicable to
OUU D CAFETY OF AT	Variables OA31-OA33.
CHILD SAFETY SEAT	(00) No child safety seat
28. Child Sefery Sees Males (Mandal	
28. Child Safety Seat Make/Model	Not Designed With Harness/Shield/Tether
(000) No child safety seat	(01) After market harness/shield/tether
Applicable codes are found in your NASS CDS	added, not used
Data Collection, Coding and Editing	(02) After market harness/shield/tether used
(950) Built-in child safety seat	(03) Child safety seat used, but no after market
(997) Other make/model (specify):	harness/shield/tether added
(000)	(09) Unknown if harness/shield/tether
(998) Unknown make/model	added or used
(999) Unknown if child safety seat used	
	Designed With Harness/Shield/Tether
00 7 (011104 - 0 -	(11) Harness/shield/tether not used
29. Type of Child Safety Seat	(12) Harness/shield/tether used
(0) No child safety seat	(19) Unknown if harness/shield/tether used
(1) Infant seat	
(2) Toddler seat	Unknown If Designed With Harness/Shield/Tether
(3) Convertible seat	(21) Harness/shield/tether not used
(4) Booster seat	(22) Harness/shield/tether used
(7) Other type child safety seat (specify):	(29) Unknown if harness/shield/tether used
(0) 11-1	
(8) Unknown child safety seat type	(99) Unknown if child safety seat used
(9) Unknown if child safety seat used	

PSU NUMBER

CASE NUMBER

VEHICLE NUMBER

OCCUPANT NUMBER

01

# OCCUPANT INJURY FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

ני	ENTIRE FORM	
[]	PAGE NUMBER (S)	

U.S. Department of Transportation National Highway Traffic Safety Administration Up oak



NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number — Stratum

3. Vehicle Number

4. Occupant Number

Driver or Occupant Name:

Address:

Other Information: Autops & DCH

(Sanitize this section prior to Undate submission.)

. Occupant Number			Other	Information: //U/10	PSS E	<u>DC++-</u>
			(	Sanitize this section prior	to Update su	ıbmission.)
	UPD	ATED CASE	INFO	RMATION		
	INITIAL SUBMISSION	UPRATERI BIS INFORMATION A 200 PAR 3	-		INITIAL SUBMISSION	UPDATED INFORMATION
V12. Alcohol Test Result Result for Driver	96	<u>0</u>	OA21.	Air Bag System Availability/Function		_
V39. Other Drug Specimen Test Type for Driver	<u>O</u>		HOY 3 X	Air Bag System Deploym	nent	
V40GV41. Narcotic Drug	00		TOA35.	Treatment - Mortality		-
V42GV43. Depressant Drug	00		OA36.	Type of Medical Facility (for Initial Treatment)	1	_
V44GV45. Stimulant Drug	00		OA37.	Hospital Stay	00	<del></del>
V46GV47. Hallucinogen Drug	9 <i>QQ</i>		OA38.	Working Days Lost	62	,
V48GV49. Cannabinoid Drug	a QQ		OA39.	Time to Death	01	
V50GV51. Phencyclidine (PCP)	00	<del></del>	OA40.	1st Medically Reported Cause of Death	99	02
V52GV53. Inhalant Drug	20		<b>OA</b> 41.	2nd Medically Reported Cause of Death	00	15
V54GV55. Other Drug (Excluding Nicotin Aspirin, Alcohol,			M3 — OA42.		00	01
Drugs Administer Post-Crash)	ed		OA43.	Number of Recorded Injuries for This Occupar	$\frac{91}{1}$	75
V56. Driver's Zip Code	gin 9	<u>-</u>	OA44.	Automatic (Passive) Belt System Availability/Fund		MAN PAR
A05. Occupant's Age	43		OA45.	Automatic (Passive) Belt	$\wedge$	HANGE CONTROL OF THE PROPERTY
A06. Occupant's Sex	2		0450	System Use	91	02
A07. Occupant's Height	49	47	OA50.	Glasgow Coma Scale (GCS) Score	44	UL
AO8. Occupant's Weight	999	125	OA51	Was the Occupant Given Blood?	n 9	$\perp$
A17. Manual (Active) Belt System Availability	7	_	OA52.	Arterial Blood Gases (AB	3G) <u>91</u>	01
A18. Manual (Active) Belt System Use	<u>04</u>			- HCO <sub>3</sub>	-	NAME OF STREET
•						

S'	TATUS O	F LOG IN	JURY	INFORMA	TION		
	INITIAL SUBMISSION	UPDATED INFORMATION				INITIAL SUBMISSION	UPDATED INFORMATION
OAL12. Injury Treatment Status  OAL13. Injury Information Official a. Autopsy (invasive examination) b. Post-ER medical record which includes information about death based on non-invasive examination c. Admission record/summary or admission/discharge face sheet d. Discharge summary e. Operative report f. Radiographic record(s) post ER visit g. History and physical examination and/or consultation records	B B B B		i. Ra wi j. Pri k. La l. EN m. Int n. Ot o. Po OAL14	th ER visit vate physician  official y coroner IS record erviewee her source (specifice report  . Medical Facili Date Official N Obtained	cify):  ty Code	B	B
Source	O.I.CA.I.		ΔIS	Injury	Injury Source Confidence	Direct/	coupent Area

	INJURY DATA CODED ON INITIAL SUBMISSION												
	Source of Injury	Body	<del></del>	O.I.CA.I	.S System	A.I.S.	- Injury	Injury Source Confidence	Direct/	Occupant Area			
	Data	Region	Aspect	Lesion	Órgan	Severity	Source	Level	Injury	Intrusion No.			
1st	5	6	7	8	9	10	11	12	13	14			
2nd	15	16	17	18	19	20	21	22	23	24			
3rd	25	26	27	28	29	30	31	32	33	34			
4th	35	36	37	38	39	40	41	42	43	44			
5th	45	46	47	48	49	50	51	52	53	54			
6th	55	56	57. <u> </u>	58	59	60	61	62	63	64			
7th	65	66	67	68	69	70	71	72	73	74			
8th	75	76	77	78	79	80	81	82	83	84			
· 9th	85	86	87	88	89	90	91	92	93	94			
10th	95	96	97	98	99	100	101	102	103	104			
11th	105 1	06	107	108	109	110	111	112	113	114			
12th	115 1	16	117	118	119	120	121	122	123	124			
13th ,	125 1	26	127	128	129	130	131	132	133	134			
14th	135 1	36	137	138	139	140	141	142	143	144			
15th	145 1	46	147 1	148	149	150	151	152	153	154			

Note: Keep a photocopy of the following original submitted pages when applicable: Exterior Vehicle Form pages 2, 3, 4; Interior Vehicle Form pages 1-reverse, 2, 4, 5; Occupant Injury Form pages 2, 3, 3-reverse; Interview Form pages 3, 4, 5.

Page 2

# INJURY DATAL

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	•		1	0.1.CA.1.9	5			Injury Source	Direct/	
	Source of Injury Data	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Confidence Level	Indirect Injury	Occupant Area Intrusion No.
1 st	Б. <u>2</u>	5. <u>N</u>	7. <u>L</u>	8.	9. <u>/</u>	10. 2	11.23	12.2	13. 2	14. <u>0 /</u>
2nd	15. 2	18.	17. <u>L</u>	18. <u>F</u>	18.5	20. 7	20	22. <u>1</u>	23. 🖊	24. <u>QJ</u>
										34. <u>O O</u>
4th	35.2	38. <u></u>	37. <u>W</u>	/ <sub>38.</sub> <u>A</u>	39 <u>Z</u>	40. 🖊	41.25	42. 2	43. <u>†</u>	44.03
Бth	45. 2	46.	47. <u>W</u>	48	48. <u>T</u>	50	91 51. <del>25</del>	52. <u>2</u>	53/	54.23
6th	55.2	58. <u>C</u>	57. <u>W</u>	′58. <u> </u>	59	60	61. 25	62	63	64. <u>03</u>
7th	85. 2	68	67.	68	69. <u>I</u>	70/	71. 20	72. 2	73	74: <u>03</u>
8th	75.2	76. 7	77. <u>R</u>	78. <u>C</u>	79. <u> </u>	80	81. <u>04</u>	82. 2	83/	84. <u>00</u>
9th	85.2	86. 🗶	87. <u>L</u>	88	. 89. <u>I</u>	90. /	91.20	92. 2	93	94.00
Oth	952	96. <u>A</u>	97. <u>R</u>	98	99. <u>I</u>	100. /	101.46	102. 2	103. 🖊	104. 00

If greater than 10 injuries, continue on reverse side. If greater than 25 injuries, code additional on Occupant Injury Data Supplement.

OCCUPANT INJURY DATA										
!	Source		0 <b>چ</b> ورر	J.C. A.i.s				Injury Source	Direct/	
	of Injury Data	Body Region	Aspect &	Lesion	System Organ	A.I.S. Severity	Injury Source	j <mark>Çggfidən</mark> de j 1⊌L <b>#u≠</b> ti A		Occupant Area Intrusion No.
11th	2	<u>H</u>	- <del>W</del>	L MASS Cong 1st Ray 3	I	_/	73	2nd Nev 3	_/	9700
12th	2	Н	<u>w</u>	2nd Par 3	- I	_	25	1st Rev 3 A 2nd Rev 2	_/	1700°
13th	2	Н	( )	ASS Cong & A let Hev 3 A 2nd 1993	I	/	25	to Hev 3 A 2nd Rev 3 A	_	9700 23
14th	3	E	7	F	5		73	2		01
15th	3	<u>C</u>	<u>L</u>	<u>C</u>	P	3	20	. ( 1	S CON THE M REV 3 A and Rev 3	03
hass Central lat 1884h3 and Piers	<b>A</b> 5	<u>_</u>	R	<u>_</u>	<u>_P</u>	3	20			03
17th	2	m		<u>_</u>	$\underline{\mathcal{I}}$		41	2		00
18th	2	<u>F</u>	<u>_</u>	<u>L</u>	<u> </u>	<u> </u>	73	2		97
19th	<del></del>			_				-		
20th		_		_	_			_	_	
21st						_		_		
22nd		_	_					<u>.</u>		<del></del>
23rd		<del></del>		_	_				_	. <del></del> .
24th	************		_							<del></del>
25th								_		

) )

#### **SOURCE OF INJURY DATA** (26) Left side window glass including (61) Backlight storage rack, door, etc. **OFFICIAL** one or more of the following: (62) Other rear object (specify): (1) Autopsy records with or without hospital frame, window sill, A-pillar, B-pillar, or roof side rail. medical records (27) Other left side object (specify): EXTERIOR of OCCUPANT'S VEHICLE (2) Hospital medical records other than (65) Hood emergency room (e.g., dishcarge (66) Outside hardware (e.g., outside summary) (28) Left side window sill (3) Emergency room records only (including mirror, antenna) associated X-rays or other lab reports) RIGHT SIDE (67) Other exterior surface or tires (30) Right side interior surface, (4) Private physician, walk-in or emergency (specify): (68) Unknown exterior objects clinic excluding hardware or armrests (31) Right side hardware or armrest EXTERIOR OF OTHER MOTOR VEHICLE UNOFFICIAL (32) Right A pillar (33) Right B pillar (70) Front bumper (5) Lay coroner report (6) E.M.S. personnel (71) Hood edge (34) Other right pillar (specify): (72) Other front of vehicle (specify): Interviewee (8) Other source (specify): (35) Right side window glass or frame Right side window glass including (73) Hood (9) Police one or more of the following: (74) Hood ornament frame, window sill, A pillar, (75) Windshield, roof rail, A-pillar B pillar, or roof side rail. (76) Side surface **INJURY SOURCE** (37) Other right side object (specify): (77) Side mirrors (78) Other side protrusions (specify) **FRONT** (38) Right side window sill (01) Windshield (79) Rear surface (O2) Mirror (03) Sunvisor INTERIOR (80) Undercarriage (40) Seat, back support (04) Steering wheel rim (81) Tires and wheels (05) Steering wheel hub/spoke (41) Belt restraint webbing/buckle Other exterior of other motor vehicle (06) Steering wheel (combination (42) Beit restraint B-pillar (specify): of codes 04 and 05) attachment point (07) Steering column, transmission (43) Other restraint system component (83) Unknown exterior of other motor vehicle selector lever, other attachment (specify): (08) Add on equipment (e.g., CB, tape OTHER VEHICLE OR OBJECT IN THE (44) Head restraint system deck, air conditioner) **ENVIRONMENT** (45) Air bag (09) Left instrument panel and below (46)Other occupants (specify): (84) Ground (47) Interior loose objects (10) Center instrument panel and below (85) Other vehicle or object (specify) (11) Right instrument panel and below (12) Glove compartment door (48) Child safety seat (specify): (86) Unknown vehicle or object (13) Knee boister (14) Windshield including one or more (49) Other interior object (specify): NONCONTACT INJURY of the following: front header, A-(90) Fire in vehicle pillar, instrument panel, mirror, or (91) Flying glass steering assembly (driver side only) ROOF (92) Other noncontact injury source (15) Windshield including one or more (50) Front header (specify): of the following: front header, A-(51) Rear header (93) Air bag exhaust gases pillar, instrument panel, or mirror (52) Roof left side rail (97) Injured, unknown source (passenger side only) (53) Roof right side rail (16) Other front object (specify): (54) Roof or convertible top INJURY SOURCE CONFIDENCE LEVEL FLOOR (1) Certain LEFT SIDE (56) Floor (including toe pan) (2) Probable (20) Left side interior surface, (57) Floor or console mounted (3) Possible excluding hardware or armrests transmission lever, including (9) Unknown (21) Left side hardware or armrest console (22) Left A pillar (58) Parking brake handle (23) Left B pillar (59) Foot controls including parking **DIRECT/INDIRECT INJURY** (24) Other left pillar (specify): brake (1) Direct contact injury Indirect contact injury (2) (25) Left side window glass or frame Noncontact injury (60) Backlight (rear window) Injured, unknown source

	OCCUPANT INJURY CLASSIFICATION											
0.1.	C. Body Region	Asp	ect of injury	(F)	Fracture	(L)	Liver					
				(Z)	Fracture and dislocation	(M)	Muscles					
(M)	Abdomen	(A)	Anterior — front	(U)	Injured, unknown lesion	(N)	Nervous system					
(0)	Ankle — foot	(B)	Bilateral (rib fracture only)	(L)	Laceration	(P)	Pulmonary—lungs					
(A)	Arm (upper)	(C)	Central	(0)	Other	(R)	Respiratory					
(B)	Back-thoracolumbar spine	(1)	Inferior — lower	(P)	Perforation, puncture	(S)	Skeletal					
(C)	Chest	(U)	Injured, unknown aspect	(R)	Rupture	(C)	Spinal cord					
(E)	Elbow	(L)	Left	(S)	Sprain	(0)	Spleen					
(F)	Face	(P)	Posterior back	m	Strain	m	Thyroid, other endocrine					
(R)	Forearm	(R)	Right	(E)	Total severance, transection	•••	gland					
(H)	Head — skull	(S)	Superior-upper			(V)	Vertebrae					
(U)	Injured, unknown region	(W)	Whole region	Syst	tem/Organ	,	7 0.100.00					
(K)	Knee			•	• •	Abb	reviated injury Scale					
(L) /	Leg (lower)	Lesk	on	(W)	All systems in region		mjery could					
<b>(Y)</b>	Lower limbs(s) (whole or			(A)	Arteries — veins	(1)	Minor injury					
	unknown part)	(A)	Abresion	(B)	Brain	(2)	Moderate injury					
(N)	Neck-cervical spine	(M)	Amputation	(D)	Digestive	(3)	Serious injury					
(P)	Pelvic hip	(V)	Avulsion	(E)	Ears	(4)	Severe injury					
(S)	Shoulder	(B)	Burn	(0)	Eye	(5)	Critical injury					

(U)

(1)

(J)

(K)

Eye

Heart

Joints.

Kidneys

integumentary

Injured, unknown system

(5)

(6)

(7)

Critical injury

Maximum (untreatable)

Injured, unknown severity

Crush

Concussion

Detachment, separation

Contusion

Dislocation

(K)

(C)

(N)

(G)

(D)

m

(X)

(0)

(W)

Thiah

Upper limb(s) (whole or

unknown part)

Whole body

Wrist-hand

# OFFICIAL INJURY DATA - SKELETAL INJURIES

#### Restrained?

Yes

Blood Alcohol

Level (mg/dl)

BAL =

Glasgow Coma Scale Score

GCSS = MA

Units of Blood Given

Units = \_\_\_

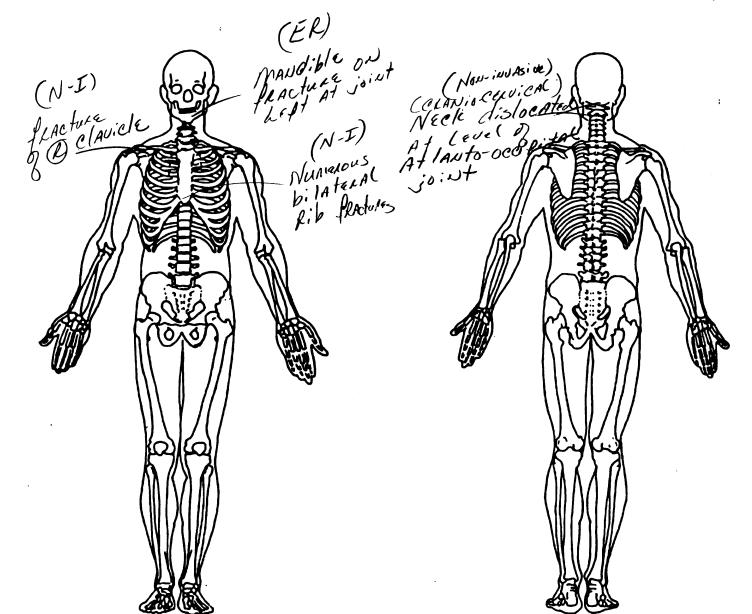
Arterial Blood Gases

рН = <u>М</u>Д

PO<sub>2</sub> = ////

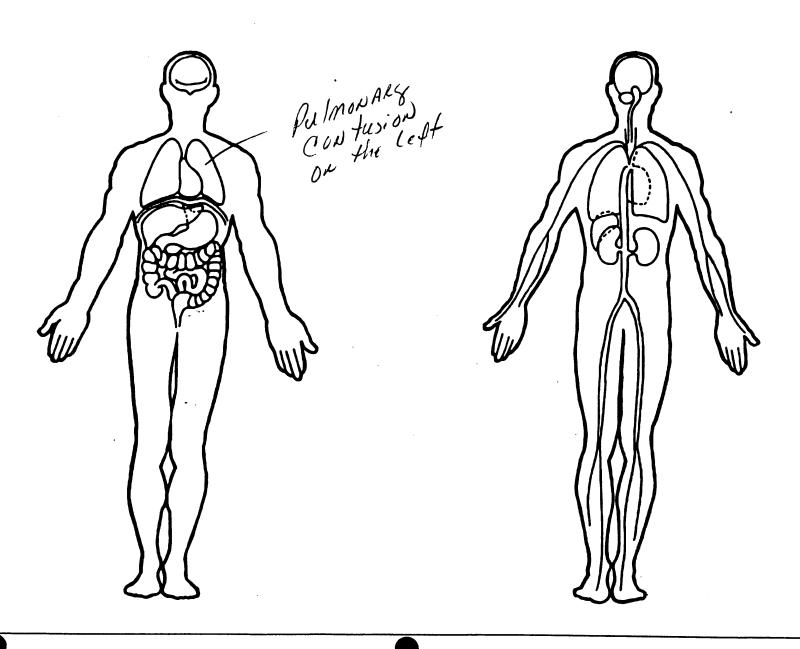
нсо, ДД

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



# OFFICIAL INJURY DATA —INTERNAL INJURIES

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



26. Seat Type (this Occupant Position) (00) Occupant not seated or no seat (01) Bucket (02) Bucket with folding back (03) Bench (04) Bench with separate back cushic (05) Bench with folding back(s) (06) Split bench with separate back (07) Split bench with folding back(s) (08) Pedestal (i.e., column supported (09) Other seat type (specify):	(08) Other orientation (specify): cushions (09) Unknown orientation
(10) Box mounted seat (i.e., van type (99) Unknown	
27. Seat Performance (this Occupant Pos (0) Occupant not seated or no seat (1) No seat performance failure(s) (2) Seat adjusters failed (3) Seat back folding locks or "seat be compacted of the compact	Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight (21) Rear facing (22) Forward facing (28) Other orientation (specify):  (29) Unknown orientation (99) Unknown if child safety seat used
28. Child Safety Seat Make/Model (000) No child safety seat Applicable codes are found in your N Data Collection, Coding and Editing (950) Built-in child safety seat (997) Other make/model (specify):  (998) Unknown make/model (999) Unknown if child safety seat	(00) No child safety seat  Not Designed With Harness/Shield/Tether (01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used
29. Type of Child Safety Seat (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (7) Other type child safety seat (spe	(99) Unknown if child safety seat used

PSU NUMBER

CASE NUMBER

OCCUPANT NUMBER

48

092A

092A

OCCUPANT NUMBER

OL

# OCCUPANT INJURY FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

Ŋ	ENTIRE FORM		
[]	Page Number (s)		



U.S. Department of Transportation National Highway Traffic Safety Administration

**UPDATE FORM** 



NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number  2. Case Number — Stratum  3. Vehicle Number  4. Occupant Number	48 092A 01 02	Other Information:  (Sanitize this section prior to Update submission.)
INITIAL SUBMISSIO	UPDATED	INFORMATION  INITIAL UPDATED SUBMISSION INFORMATION
GV12. Alcohol Test Result Result for Driver  GV39. Other Drug Specimen Test Type for Driver  GV40GV41. Narcotic Drug  GV42GV43. Depressant Drug  GV44GV45. Stimulant Drug  GV46GV47. Hallucinogen Drug		OA21. Air Bag System Availability/Function  OA22. Air Bag System Deployment  OA35. Treatment - Mortality  OA36. Type of Medical Facility (for Initial Treatment)  OA37. Hospital Stay  OA38. Working Days Lost
GV48GV49. Cannabinoid Drug GV50GV51. Phencyclidine (PCP) GV52GV53. Inhalant Drug GV54GV55. Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	<u>)</u>	OA39. Time to Death  OA40. 1st Medically Reported Cause of Death  OA41. 2nd Medically Reported Cause of Death  OA42. 3rd Medically Reported Cause of Death
GV56. Driver's Zip Code  GV57. Driver's Race/Ethnic Origin  OA05. Occupant's Age  OA06. Occupant's Sex  OA07. Occupant's Height  OA08. Occupant's Weight  OA17. Manual (Active) Belt System Availability  OA18. Manual (Active) Belt System Use	2 — — — — — — — — — — — — — — — — — — —	OA43. Number of Recorded Injuries for This Occupant  OA44. Automatic (Passive) Belt System Availability/Function  OA45. Automatic (Passive) Belt System Use  OA50. Glasgow Coma Scale (GCS) Score  OA51 Was the Occupant Given Blood?  OA52. Arterial Blood Gases (ABG) 91

S	TATUS O	F LOG IN	JURY INFORMATION		\ \ \
OAL12. Injury Treatment Status  OAL13. Injury Information Official a. Autopsy (invasive examination) b. Post-ER medical record which includes information about death based on non-invasive	INITIAL SUBMISSION  B B B	UPDATED INFORMATION	h. Emergency room records i. Radiographic record(s) associated with ER visit j. Private physician  Unofficial k. Lay coroner l. EMS record	INITIAL SUBMISSION  B	UPDATED INFORMATION
examination c. Admission record/summary or admission/discharge face sheet d. Discharge summary e. Operative report f. Radiographic record(s) post ER visit g. History and physical examination and/or consultation records	B B B B	  09	m. Interviewee n. Other source (specify):  o. Police report  OAL14. Medical Facility Code  OIL07. Date Official Medical Data Obtained	B / O B D S	B
INJUI	RY DATA	CODED (	ON INITIAL SUBMISSION		
_	O.I.CA.I.	S	Injury		

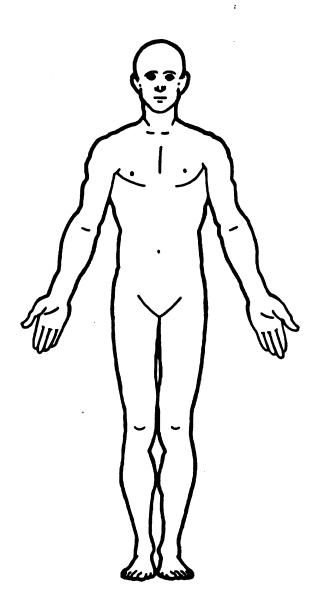
			INJURY	/ DATA	CODE	D ON IN	IITIAL SUB	MISSION		
	Source of Injury Data	Body Region	Aspect	O.I.CA.I	System	A.I.S. Severity	- Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
1st	5	6	7	8	9	10	11	12	13	14
2nd	15	16	17	18	19	20	21	22	23	24
3rd	25	26	27	28	29	30	31	32	33	34
4th	35	36	37	38	39	40	41	42	43	44
5th	45	46	47	48	49	50	51	52	53	54
6th	55	56	<b>5</b> 7	58	59. <u> </u>	60	61	62	63	64
7th	65	66	67	68	69	70	71	72	73	74
8th	75	76	77	78	79	80	81	82	83	84
9th	85	86	87	88	89	90	91	92	93	94
10th	95	96	97	98	99	100	101	102	103	104
11th	105 1	106	107	108	109	110	111	112	113	114
12th	115 1	116	117	118	119	120	121	122	123	124
13th ,	125 1	26	127 1	128	129	130	131	132	133	134
14th	135 1	36	137 1	138	139	140	141	142	143	144
16th	145 1	46	147 1	148	149	150	151	152	153	154

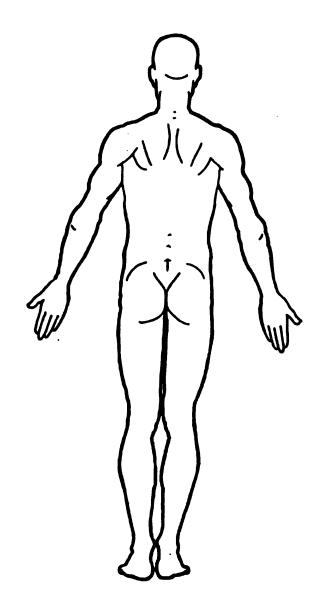
Note: Keep a photocopy of the following original submitted pages when applicable: Exterior Vehicle Form pages 2, 3, 4; Interior Vehicle Form pages 1-reverse, 2, 4, 5; Occupant Injury Form pages 2, 3, 3-reverse; Interview Form pages 3, 4, 5.

	OCCUPANT INJURY DATA									
	Source of Injury	Body	(	O.I.CA.I.S	System	A.I.S.	Injury	Injury Source Confidence	Direct/ Indirect	Occupant Area
	Data	Region	Aspect	Lesion	Organ	Severity	Source	Level	Injury	Intrusion No.
11th			_					<del></del>		
12th		_		_				_		
13th		_						_		
14th	_		_	. —		-		-		
15th	_			_		-		_		
- 16th							<del>-</del>	_		
17th	<del></del>	-			_			_	_	
18th						_		_	<del></del>	
19th		<del></del>	-	_		_		_		
20th			<del></del>		_	_		_		
21st			_		<del></del>	_			_	
22nd								_		
23rd ,			<del></del>	_	_	_				
24th	_					_				
25th						_				

# OFFICIAL INJURY DATA - SOFT TISSUE INJURIES

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





### **SOURCE OF INJURY DATA** (26) Left side window glass including (61) Backlight storage rack, door, etc. OFFICIAL one or more of the following: (62) Other rear object (specify): (1) Autopsy records with or without hospital frame, window sill, A-pillar, medical records B-pillar, or roof side rail. (2) Hospital medical records other than (27) Other left side object (specify): EXTERIOR of OCCUPANT'S VEHICLE emergency room (e.g., dishcarge (65) Hood summary) (28) Left side window sill (66) Outside hardware (e.g., outside (3) Emergency room records only (including mirror, antenna) associated X-rays or other lab reports) RIGHT SIDE (67)Other exterior surface or tires (4) Private physician, walk-in or emergency (30) Right side interior surface, (specify): clinic excluding hardware or armrests (68) Unknown exterior objects Right side hardware or armrest UNOFFICIAL (32) Right A pillar EXTERIOR OF OTHER MOTOR VEHICLE (5) Lay coroner report (33) Right B pillar (70) Front bumper (6) E.M.S. personnel (34) Other right pillar (specify): (71) Hood edge Interviewee (72) Other front of vehicle (specify): Other source (specify): (35) Right side window glass or frame (36)Right side window glass including (73) Hood (9) Police one or more of the following: (74) Hood ornament frame, window sill, A pillar, (75) Windshield, roof rail, A-pillar B pillar, or roof side rail. (76) Side surface INJURY SOURCE (37) Other right side object (specify): (77) Side mirrors **FRONT** (78) Other side protrusions (specify) (01) Windshield (38) Right side window sill (O2) Mirror (79) Rear surface (03) Sunvisor (80) Undercarriage (04) Steering wheel rim (40) Seat, back support (81) Tires and wheels (05) Steering wheel hub/spoke (41) Belt restraint webbing/buckle (82) Other exterior of other motor vehicle (06) Steering wheel (combination (42) Belt restraint B-pillar (specify): of codes 04 and 05) attachment point (07) Steering column, transmission (43) Other restraint system component (83) Unknown exterior of other motor vehicle selector lever, other attachment (specify): (08) Add on equipment (e.g., CB, tape (44) Head restraint system OTHER VEHICLE OR OBJECT IN THE deck, air conditioner) (45) Air bag **ENVIRONMENT** (09) Left instrument panel and below (46) Other occupants (specify): (84) Ground (10) Center instrument panel and below (85) Other vehicle or object (specify) (11) Right instrument panel and below (47) Interior loose objects (12) Glove compartment door (48) Child safety seat (specify): (86) Unknown vehicle or object (13) Knee bolster (14) Windshield including one or more (49) Other interior object (specify): NONCONTACT INJURY of the following: front header, A-(90) Fire in vehicle pillar, instrument panel, mirror, or (91) Flying glass steering assembly (driver side only) ROOF (92) Other noncontact injury source (15) Windshield including one or more (50) Front header (specify): of the following: front header, A-(51) Rear header (93) Air bag exhaust gases pillar, instrument panel, or mirror (52) Roof left side rail (97) Injured, unknown source (passenger side only) (53) Roof right side rail (16) Other front object (specify): (54) Roof or convertible top INJURY SOURCE CONFIDENCE LEVEL **FLOOR** LEFT SIDE (1) Certain (56) Floor (including toe pan) (20) Left side interior surface, (2) Probable (57) Floor or console mounted excluding hardware or armrests Possible transmission lever, including (21) Left side hardware or armrest Unknown console (22) Left A pillar (58) Parking brake handle (23) Left B pillar (59) Foot controls including parking **DIRECT/INDIRECT INJURY** (24) Other left pillar (specify): brake Direct contact injury (25) Left side window glass or frame Indirect contact injury REAR Noncontact injury (60) Backlight (rear window) Injured, unknown source OCCUDANT IN HIDY OF A COLERANCE C

		OCCUPANT INJUI	RY CLASSIFICATION		
0.1.	C. Body Region	Aspect of Injury	(F) Fracture (Z) Fracture and dislocation	(L)	Liver
(M)	Abdomen	(A) Anterior—front		(M)	Muscles
(Q)	Ankle — foot	(B) Bilateral (rib fracture only)	, , , , , , , , , , , , , , , , , , , ,	(N)	Nervous system
(A)	Arm (upper)	121	(L) Laceration	(P)	Pulmonary—lungs
(B)	Back-thoracolumbar spine		(O) Other	(R)	Respiratory
	Chest	(I) Inferior—lower	(P) Perforation, puncture	(S)	Skeletal
(C)		(U) Injured, unknown aspect	(R) Rupture	(C)	Spinal cord
(E)	Elbow	(L) Left	(S) Sprain	(0)	Spieen
(F)	Face	(P) Posterior back	(T) Strain	(1)	•
(R)	Forearm	(R) Right	(E) Total severance, transection	(1)	Thyroid, other endocrine
(H)	Head—skull	(S) Superior—upper	(L) Total severance, transection		gland
(U)	Injured, unknown region	(W) Whole region	O	(V)	Vertebrae
(K)	Knee	(VV) VVII DIE TEGIOTI	System/Organ		
(L) ,	Leg (lower)	Loolon		Abb	reviated Injury Scale
(Y)		Lesion	(W) All systems in region		• • • • • • • • • • • • • • • • • • • •
111	Lower limbs(s) (whole or		(A) Arteries—veins	441	A.S

(B)

(D)

(F)

(0)

(H)

(U)

(1)

(J)

(K)

**Joints** 

Kidnevs

Abrasion

**Avulsion** 

Burn

Crush

Amputation

Concussion

Detachment, separation

Contusion

Dislocation

(M)

(V)

(C)

(N)

(G)

(D)

(N)

(S)

(T)

(X)

(0)

unknown part)

unknown part)

Whole body

Wrist-hand

Pelvic - hip

Shoulder

Thiah

Neck-cervical spine

Upper limb(s) (whole or

· ··· - y o to interest in togical		
Arteries — veins	(1)	Minor injury
Brain	(2)	Moderate injury
Digestive	(3)	Serious injury
Ears	(4)	Severe injury
Eye	(5)	Critical injury
Heart	(6)	Maximum (untreatable)
Injured, unknown system	(7)	Injured, unknown severity
Integumentary	• • •	my man and a contract of the c

# OFFICIAL INJURY DATA - SKELETAL INJURIES

### Restrained?

**Blood Alcohol** Level (mg/dl)

BAL =

Glasgow Coma Scale Score

GCSS = \_\_\_

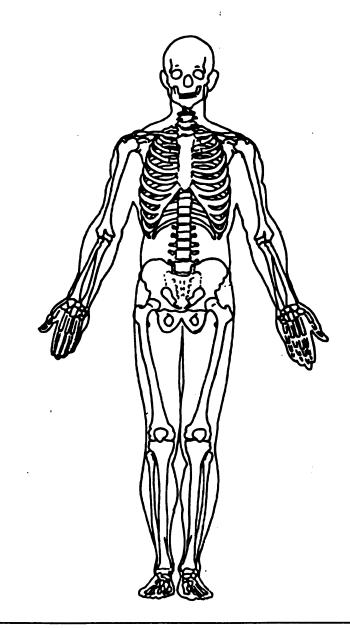
Units of Blood Given

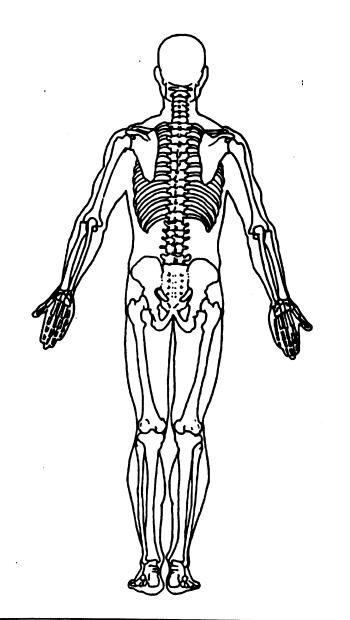
Units =

**Arterial Blood** Gases

HCO<sub>3</sub>

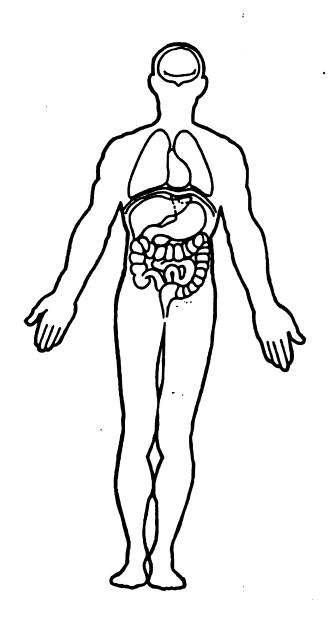
Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

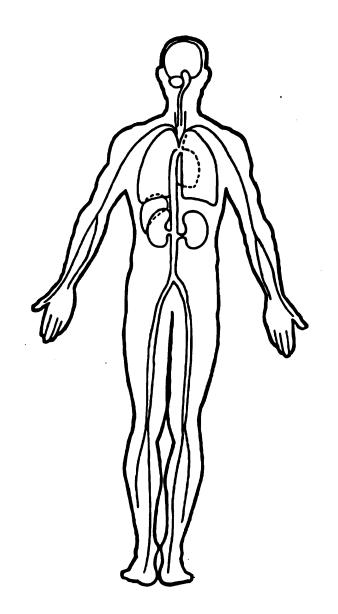




# OFFICIAL INJURY DATA -INTERNAL INJURIES

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





(9) Unknown

Cate	Configur-			
gory	ation	ACCIDENT TYPES (Includes Intent)		
	A. Right Roadside Departure	•	06 ECIFICS SPECIFIC HER UNKNOW	-
Single Driver	B. Left Roadside Departure		9 10 PECIFICS SPECIFIC THER UNKNOW	-
-	C Forward Impact		5 16 ECIFICS SPECIFIC HER UNKNOW	_
Trafficway Direction	D Rear-End	STOPPED SLOWER DECEL. 31 SPI	ACH • 32) (EACH • secifics specific unknow	s
II Same Trafficway Same Direction	E Forward Impact	CONTROL/ CONTROL/ AVOID COLLISION AVOID COLLISION TRACTION LOSS WITH VEH. WITH OBJECT	E (EACH • 42) (EACI 1 I SPECIFICS SPECI OTHER UNKN	FICS
	F. Sideswipe Angle	45 45 (EACH · 48) SPECIFICS OTHER	(EACH • 49) SPECIFICS UNKNO	WN
/ay ction	G Head-On	50 51 (EACH • 52) (EACH • 53)  SPECIFICS  LATERAL MOVE OTHER SPECIFICS UNKNOWN		
Same Trafficway Oppusite Direction	H Forward Impact	54 55 56 57 58 59 60 CT	I (EACH • 62)(EAC 1 SPECIFICS SPECI OTHER UNKN	FICS
Ξ	I. Sideswipe/ Angle	65 (EACH • 66) (EACH • 67)  SPECIFICS SPECIFICS UNKNOWN  LATERAL MOVE OTHER		
Trafficway Turning	J. Turn Across Path	INITIAL OPPOSITE INITIAL SAME DIRECTIONS DIRECTIONS	(EACH • 74) (EACH SPECIFICS SPECIFI OTHER UNKNO	ıcs
IV. Change Vehicle	K. Turn Into Path	TURN INTO SAME DIRECTION  TURN INTO OPPOSITE DIRECTIONS	(EACH • 84) (EACH SPECIFICS SPECIFICS UNKNOWN	FICS
V. Intersecting Paths (Vehicle Damage)	L. Straight Paths	87 (EACH • 90) 88 SPECIFICS OTHER	(EACH • 91) SPECIFICS UNKNOW!	
VI. Miscel- lancous	M. Backing Etc.	S2 S3 OTHER VEH. 98 Other Accident SACKING 99 Unknown Accident ON No Impact	Type ent Type	

-8P	093H
19	Page 5

OTHER DATA	61 Pollover Initiation Object Contested
56. Driver's Zip Code	61. Rollover Initiation Object Contacted
(00000) Driver not present (00001) Driver not a resident of U.S. or territories Code actual 5-digit zip code (99999) Unknown	62. Location on Vehicle Where Initial Principal Tripping Force Is Applied  (0) No rollover (1) Wheels/tires (2) Side plane
57. Driver's Race/Ethnic Origin (0) Driver not present (1) White (non-Hispanic) (2) Black (non-Hispanic) (3) White (Hispanic) (4) Black (Hispanic) (5) American Indian, Eskimo or Aleut (6) Asian or Pacific Islander (8) Other (specify): (9) Unknown  58. Vehicle Special Use (This Trip) (0) No special use (1) Taxi (2) Vehicle used as school bus (3) Vehicle used as other bus (4) Military	(3) End plane (4) Undercarriage (5) Other location on vehicle (specify):  (8) Non-contact rollover forces (specify): (9) Unknown  63. Direction of Initial Roll  (0) No rollover (1) Roll right - primarily about the longitudinal axis (2) Roll left - primarily about the longitudinal axis (5) End-over-end (i.e., primarily about the lateral axis) (9) Unknown roll direction
(5) Police (6) Ambulance	
(7) Hearse	PRECRASH DATA
(8) Fire truck or car (9) Unknown	64. Pre-Event Movement (Prior to Recognition of Critical Event)
If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank.  If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.  If GV24 = 9, then GV59-GV63 must equal 9.  59. Rollover Initiation Type (0) No rollover (1) Trip-over (2) Flip-over (3) Turn-over (4) Climb-over (5) Fall-over (6) Bounce-over (7) Collision with another vehicle (8) Other rollover initiation type specify):  (9) Unknown rollover initiation type	(01) Going straight (02) Slowing or stopping in traffic lane (03) Starting in traffic lane (04) Stopped in traffic lane (05) Passing or overtaking another vehicle (06) Disabled or parked in travel lane (07) Leaving a parking position (08) Entering a parking position (09) Turning right (10) Turning left (11) Making a U-turn (12) Backing up (other than for parking position) (13) Negotiating a curve (14) Changing lanes (15) Merging (16) Successful avoidance maneuver to a previous critical event (97) Other (specify):
60. Location of Rollover Initiation  (0) No rollover	(98) No driver present (99) Unknown
(1) On roadway (2) On shoulder—paved (3) On shoulder—unpaved (4) On roadside or divided trafficway median	

(9) Unknown

# CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

(57) Fence
(58) Wall
(59) Building
(60) Ditch or culvert
(61) Ground
(62) Fire hydrant
(63) Curb
(64) Bridge
(68) Other fixed object (specify):
(69) Unknown fixed object
100, 0
Collision with Nonfixed Object
(71) Motor vehicle not in-transport
(76) Animal
(77) Train
(78) Trailer, disconnected in transport
(88) Other nonfixed object (specify):
(89) Unknown nonfixed object
(98) Other event (specify):
(99) Unknown event or object
•

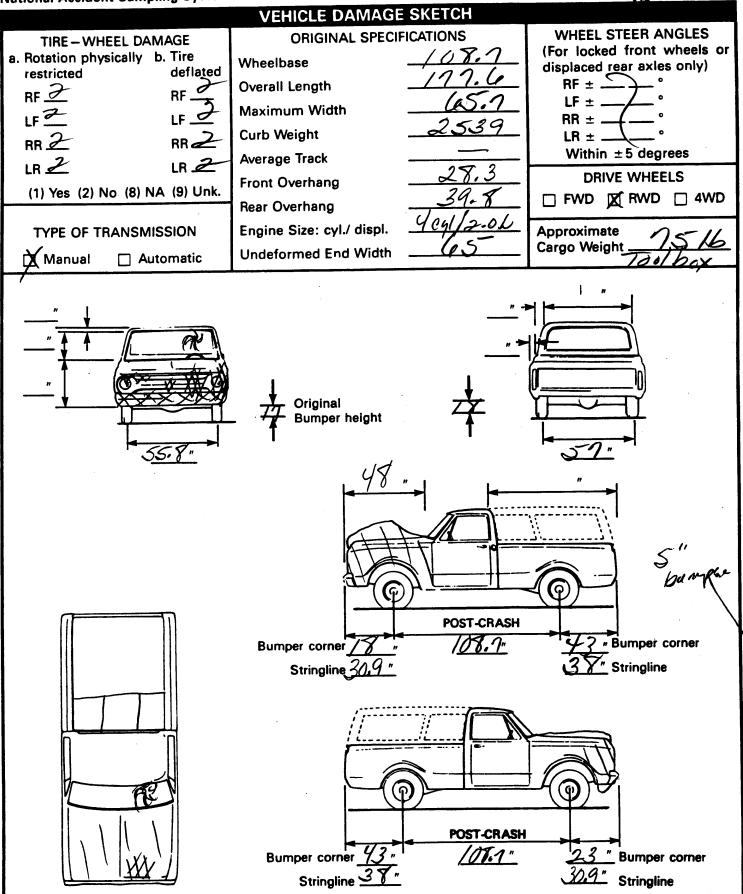
U.S. Department of Transportation

# **EXTERIOR VEHICLE FORM**

NATIONAL ACCIDENT SAMPLING SYSTEM

National Highwa Administration	ny Traffic Safety	EX	TERIOR	VEHIC	CLE F	ORM	NAT		CIDENT S NORTHINE		
1. Primar	y Sampling Unit Nun	nber	48	<b>Z</b> 3.	Vehicle	Numbe	ır			0	2
	Number - Stratum	_	92 A	2							
		\	VEHICLE I	DENTI	CATI	ON					
T.	MayFI	, , ,	3 GE	· ·		Section 1		f	Model Y	X	6
		$\frac{1}{2}$	10	7	<u> دا سرخت دیگی</u> د داد اداده					4 A	
Vehicle Ma	ke (specify):	1 HZ	01 4			Model (s	респу):	_	0		
				CATO			line on h			a and in	
	end of the damage maged axle for side		t to the ven	icle long	itudinai	center	iine or b	umper c	orner	ir end in	npacts
Specific II	mpact No.	Location	of Direct Da	mage					of Field		
0	1 begin	DRF.	bc-(6	wtike		Ex	Hila	FRON	t b	ang	W.
									<del></del>		
			CRUS	SH PRO	FILE						
NOTES: I	dentify the plane at	which the (				(e.g., at	bumper	, above	bumper	, at sill,	above
s	ill, etc.) and label ad	ljustments	(e.g., free s	pace).		-					
N	Measure and docume	ent on the v	ehicle diagr	am the	location	of max	imum cr	ush.			
	Measure C1 to C6 fro	om driver to	o passenger	side in	front or	rear imp	pacts an	d rear t	o front i	n side	
	mpacts.								_		
/ / t	Free space value is d the individual C locat	ions. This	may include	the fol	lowing:	bumper	lead, bu	ımper ta	oody co aper, sic	ntour tal le protru	ken at usion,
s	side taper, etc. Reco	ord the valu	e for each (	C-measu	rement	and ma:	ximum (	rush.			
l	Jse as many lines/co			describ	e each	damage	profile.				
Specific Impact	Plane of Impact C-Measurements	Direct [ Width	Max	Field L	C,	C <sub>2</sub>	C,	C <sub>4</sub>	C <sub>5</sub>	C.	±D
Number	front bunger	(CDC)	Crush		11.15	8.1	8.0	6.4	5.15	7.2	0
	Plate Adi			1.20		_	-25	-		-	
	PRESSACE				1.5	0.25	0	0	0,25	1.5	
01	Actual Clusk	(0)	10.25	51.25	10.25	1.85	1.75	6.4	5.5	5.7	0
						<del> </del>					
					<del>                                     </del>	<b> </b>	<u> </u>	= _			
				·							

48-092A



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewall, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

		ng System-Cras		NORKSHE				V		
			CODES FOR	OBJECT COI	NTA	ACTED				
(01-30)	- Vehicle Nu	mber				Fence				
				(58) Wall						
Noncoll						Building				
	Overturn — re					Ditch or	culvert			
	Fire or explos	ion		-	-	Ground				
	Jackknife				-	Fire hydr	rant			
(34)	Other intrauni	it damage (spec	cify):			Curb				
						Bridge				
	Noncollision in			(6	(8)	Other fix	ed object (	specify):		
(38)	Other noncolli	ision (specify):								
				(6	9)	Unknow	n fixed obje	ct		
(39)	Noncollision -	– details unkno	wn							
<b></b>							nfixed Obje			
	n_With_Fixed O		_				ehicle not in	-transport		
		hes in diameter		-	-	Pedestria				
		hes in diameter	·)			Cyclist o				
	Shrubbery or	bush		(7	4)	Other no	nmotorist c	r conveyand	ce	
(44)	Embankment								<del></del>	
						Vehicle of	occupant			
(45)	Breakaway po	ole or post (any	diameter)	• •	- •	Animal	ain			
		_				Train				
	akaway Pole o							d in transpo		
		≤ 4 inches in c			(8)	Other no	nfixed obje	ct (specify):		
(51)		> 4 inches but	≤ 12 inches							
/E 0\	diameter)	. 40: 1		(8	(9)	Unknow	n nonfixed	object		
		> 12 inches in				0.1				
(53)	Pole or post (	diameter unkno	own)	(9	(8)	Other ev	ent (specify	/):		
(54)	Concrete traff	fic barrier		(9	191	Unknow	n event or o	phiect		
	Impact attenu			(5	· • ;	OTIKITOW	ii event or t	Doject		
		parrier (includes	ouardrail)							
(00)	(specify):	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>3</b> 00.0.0,							
				_						
		DEFORMA	ATION CLASS	SIFICATION E	BY	EVENT N	UMBER			
						(4)	/E\			
Accident		(1) (2)			9	(4) Specific	(5) Specific	(6)		
Event		Direction	Incremental	(3)		ngitudinal	Vertical or	Type of	(7)	
Sequence	e Object	of Force	Value of	Deformation		r Lateral	Lateral	Damage	Deformation	
Number	Contacted	(degrees)	Shift	Location	ı	Location	Location	Distribution	Extent	
$\overline{\wedge}$		1.20				$\overline{\mathcal{L}}$				
<u> </u>	/	+30	00	E		$\mathcal{L}$	E	$\omega$	02	
-				<del>/</del>					<del></del>	
<del></del>	<del></del>									

# **AUTOMATIC RESTRAINTS**

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

### **AIR BAGS**

F		Left	Right
l B	Availability/Function		
S	Deployment		
T	Failure		

### Air Bag System Availability/Function

- (0) Not equipped/not available
- (1) Air bag

### Non-functional

- (2) Air bag disconnected (specify):
- (3) Air bag not reinstalled
- (9) Unknown

### Air Bag System Deployment

- (O) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

### Did Air Bag System Fail?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (9) Unknown

### **AUTOMATIC BELTS**

		Left	Right
	Availability/Function		
F	Use		
Ŕ	Туре		
S	Proper Use		
	Failure Modes		

# Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts type unknown

### Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

### Automatic (Passive) Belt System Use

- (O) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative)
- (3) Automatic belt use unknown
- (9) Unknown

### Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

# Proper Use of Automatic (Passive) Belt System

- (O) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

### Automatic Belt Used Improperly

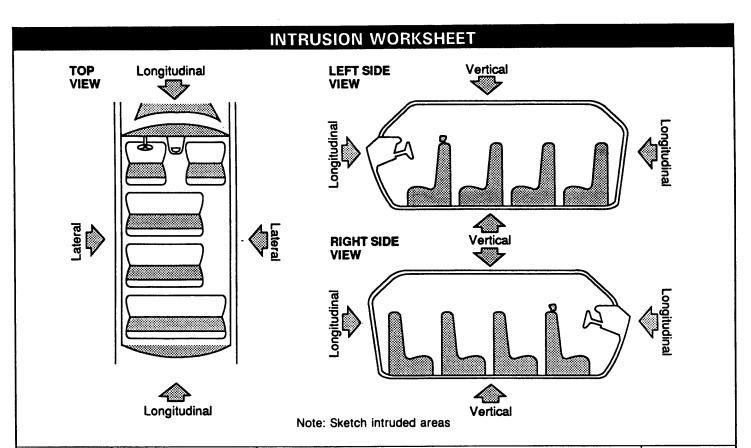
- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):
- (8) Other improper use of automatic belt system (specify):
- (9) Unknown

# Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other automatic belt failure (specify):
- (9) Unknown

J.S. Department of Transportation  National Highway Traffic Safety	INTERIOR VE	HICLE FORM	NATIONAL ACCIDE		
Administration	117		GLAZING	HINESS DATA SYS	IER
1. Primary Sampling Unit Number	48	Glazing Damage fro		<b>3</b> 8	` `
2. Case Number - Stratum	092A	15. WS <u>0</u> 16. LF <u>(</u>		0	
3. Vehicle Number	72	20. BL () 21. Roof			_
INTEGRITY	<del></del>	20. BL ( ) 21. Root	22. Other <u>*</u>	0	
INTEGRAT	2		age from impact forces		
4. Passenger Compartment Integral (00) No integrity loss	ity ()	(3) Glazing in place	and cracked from impa and holed from impact place (cracked or not)	forces	m
Yes, Integrity Was Lost Through (O1) Windshield (O2) Door (side)			place and holed from im grated from impact force of prior to accident		
(03) Door/hatch (back door)		(8) No glazing			
(O4) Roof		(9) Unknown if dar	naged		
(05) Roof glass (06) Side window					
(07) Rear window (backlight)		Glazing Damage fro			
(08) Roof and roof glass (09) Windshield and door (side) (10) Windshield and roof		23. WS <u>2</u> 24. LF	_	₹ <u>/</u> ) 27. RR <u>/</u>	<u>/</u>
(11) Side and rear window (side windo	ow and backlight)	28. BL <u></u> 29. Roof	30. Other		
(12) Windshield and side window (13) Door and side window			ontact to glazing or no g		
(98) Other combination of above (spec	oify):		ted by occupant but no e and cracked by occup		
(99) Unknown		(3) Glazing in place	e and holed by occupan	t contact	
NASS Cong Chairs Cong Cha			place (cracked or not) b it holed by occupant co		
NASS Cong Change Cong Change Rev 3 A 1st Rev 3 A		E	-place by occupant co		by
2nd Rev 3 — 2nd Rev 3 — Door, Tailgate or Hatch Opening		occupant conte		toot	
5. LF 9 6. RF 9 7. LR 0 8. F	() ()		grated by occupant con ntacted by occupant	tect	
5. LF 7 6. RF 7 7. LR 0 8. F	4R <u>0</u> 9. 1G/H <u>0</u>	If No Glazing Dama	as And No Occupa	nt Contact or N	<u></u>
(O) No door/gate/hatch		Glazing, Then Code	e IV31 Through IV4	l6 As Ø	
(1) Door/gate/hatch remained closed					
(2) Door/gate/hatch came open during (3) Door/gate/hatch jammed shut	) complete	Type of Window/M	/indshield Glazing		
(8) Other (specify):		21 WS / 22 LE	<u> </u>	R /) 35 RR (	7
(9) Unknown					_
		36. BL <u>/</u> 37. Ro	of $Q$ 38. Other $Q$	<u>)</u>	
	<del>-</del> n		ntact and no damage, or	no glazing	
Damage/Failure Associated with Do Opening in Collision. If IV05-IV09	oor, Tailgate or Hatch	(1) AS-1 — Lamin (2) AS-2 — Temp			
I		(3) AS-3 — Temp	ered-tinted		
10. LF_011. RF_012. LR_013	1. RR <u></u> <u></u> <u> </u>	(4) AS-14 — Glas (8) Other (specify			
(0) No door/gate/hatch or door not o	pened	(9) Unknown	-	<del>,</del>	
Door, Tailgate or Hatch Came Open D	Ouring Collision				
(1) Door operational (no damage)		Window Precrash	Glazing Status		
(2) Latch/striker failure due to damag (3) Hinge failure due to damage	je		<u>41. RF</u> <u>0</u> 42. I	ID () 42 DD 4	0
(4) Door structure failure due to dam	age				$\preceq$
(5) Door support (i.e., pillar, sill, roof etc.) failure due to damage	side rail,	44. BL45. Roo	of <u>()</u> 46. Other <u>()</u>		
(6) Latch/striker and hinge failure due	e to damage	(O) No glazing co	ntact and no damage, o	r no glazing	
(8) Other failure (specify):		(1) Fixed			
(9) Unknown	<del></del>	(2) Closed (3) Partially open	ed		
<b></b>		(4) Fully opened			

(9) Unknown

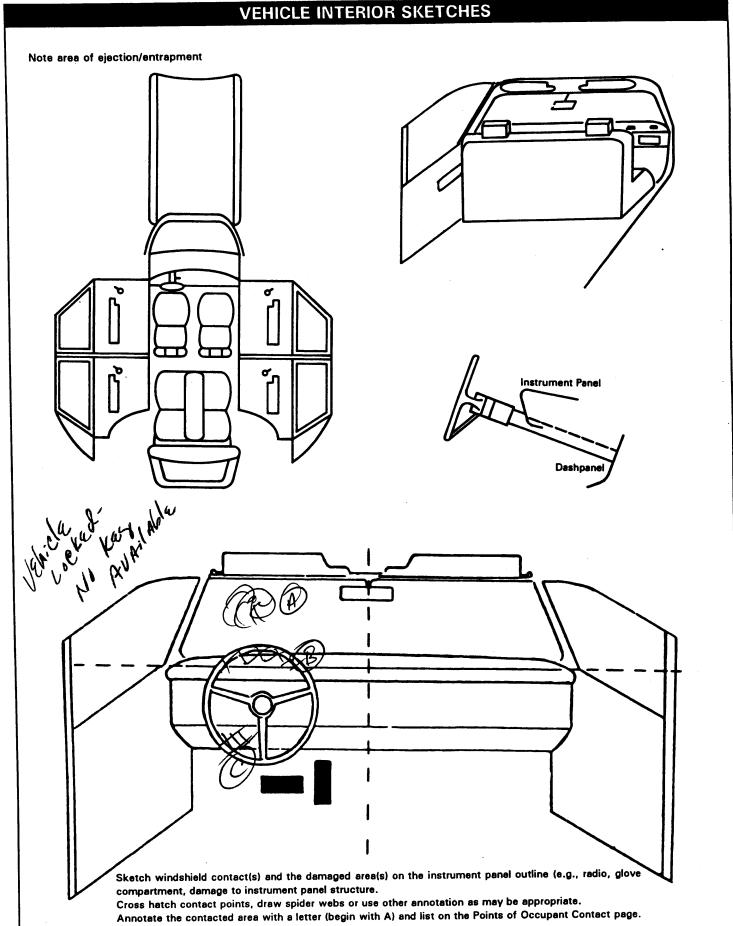


LOCATION OF INTRUSION	INTRUDED COMPONENT	COMPARISON VALUE	_	INTRUDED VALUE	=	INTRUSION	DOMINANT CRUSH DIRECTION
					=		
			_		=		
			_		=		
			_		=		
			-		=		
			_		=		
					=		
			_		=		
			_		=		
			_		=		
			_		=		
					=		
NAME OF THE OWNERS OF THE OWNER.					=		
			_		=		
			_		=		

			OCCU	PANT AR	EA INTRUSION
Note:	If no intrusion	s, leave varia	bles IV47-IV	86 blank.	INTRUDING COMPONENT
	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction	Interior Components (01) Steering assembly (02) Instrument panel left (03) Instrument panel center
1 st	47	. 48	49	50	(04) Instrument panel right (05) Toe pan (06) A-pillar (07) B-pillar
2nd	51	52	53	54	(08) C-pillar (09) D-pillar (10) Door panel (side) (12) Roof (or convertible top)
3rd	55	56	57	58	(13) Roof side rail (14) Windshield (15) Windshield header (16) Window frame
4th	59	60	61	62	(17) Floor pan (includes sill) (18) Backlight header (19) Front seat back (20) Second seat back
5th	63	_ 64	65	66	(21) Third seat back (22) Fourth seat back (23) Fifth seat back (24) Seat cushion
6th	67	68	69	70	(25) Back door/panel (e.g., tailgate) (26) Other interior component (specify):  (27) Side panel - forward of the A-pillar
7th	71	_ 72	73	74	(28) Side panel - rear of the A-pillar  Exterior Components
8th	75	_ 76	77	78	(30) Hood (31) Outside surface of this vehicle (specify):  (32) Other exterior object in the environment
9th	79	_ 80	81	82	(specify): (33) Unknown exterior object (97) Catastrophic (98) Intrusion of unlisted component(s)
10th	83	_ 84	85	86	(specify): (99) Unknown
Fro Se	ont Seat (11) Left (12) Middle (13) Right econd Seat (21) Left (22) Middle (23) Right aird Seat (31) Left (31) Left (32) Middle	Fourt (41 (42 (43 (98	h Seat ) Left ) Middle ) Right  ) Catastrop ) Other end area (spec	closed cify)	(4) ≥ 12 inches but < 18 inches (5) ≥ 18 inches but < 24 inches (6) ≥ 24 inches (7) Catastrophic (9) Unknown  DOMINANT CRUSH DIRECTION (1) Vertical (2) Longitudinal
	(32) Middle (33) Right				(3) Lateral (7) Catastrophic (9) Unknown

SI	reering	RIM/SPOKE DEFO	RMATION	V
COMPARISON VALUE	. <del>-</del>	DAMAGE VALUE	=	DEFORMATION
	_		=	
	_		=	
	4		=	
	<del>-</del>		=	

		10
87. Steering Column Type (1) Fixed column (2) Tilt column (3) Telescoping column (4) Tilt and telescoping column (8) Other column type (specify): (9) Unknown		92 Steering Rim/Spoke Deformation Code actual measured deformation to the nearest inch. (0) No steering rim deformation (1-5) Actual measured value (6) 6 inches or more (8) Observed deformation cannot be measured (9) Unknown
88. Blank (This variable is left blank so that numbering consistency can be maintained with the 1988-91 CDS.	<u>x x</u>	(00) No steering rim deformation  Quarter Sections (01) Section A (02) Section B (03) Section C (04) Section D  Half Sections
89. Blank (This variable is left blank so that numbering consistency can be maintained with the 1988-91 CDS.	<u>x x x</u>	(05) Upper half of rim/spoke (06) Lower half of rim/spoke (07) Left half of rim/spoke (08) Right half of rim/spoke (09) Complete steering wheel collapse (10) Undetermined location (99) Unknown  INSTRUMENT PANEL
90. Blank (This variable is left blank so that numbering consistency can be maintained with the 1988-91 CDS.	xxx	94. Odometer Reading  \[ \begin{align*} \( \subseteq \frac{33}{\text{ miles}} \) miles—Code mileage to the nearest 1,000 miles  (000) No odometer  (001) Less than 1,500 miles  (300) 299,500 miles or more
91. Blank (This variable is left blank so that numbering consistency can be maintained with the 1988-91 CDS.	XXX	999) Unknown Source:  95. Instrument Panel Damage from Occupant Contact? (0) No (1) Yes (9) Unknown
		96. Knee Bolsters Deformed from Occupant Contact? (0) No (1) Yes (8) Not present (9) Unknown
		97. Did Glove Compartment Door Open During Collision(s)? (0) No (1) Yes (8) Not present (9) Unknown



(3) Possible

(9) Unknown

POINTS OF OCCUPANT CONTACT									
	4	Interior Component	Occupant No. If	Re	ody gion If				Confidence Level of Contact
Conta		Contacted	Known	Kn	own	Supporting Phy	sical Ev	ridence	Point
Α		01		he	AC	Spider CA	ACK	<u> </u>	
В		Da		Che	est	defolmed			
С		09		Ku	lees	Chacked-	in	dertad	
D									
E									
F									
G									
Н									
1		`							
J									
K									
							-		
M									
N									
<u> </u>	1		<u> </u>			TRIOR COMPONENTS			<u> </u>
(O2) (O3) (O4) (O5) (O6) (O7) (O8) (O9) (10) (11) (12) (13) (14)	Steering Steering of code Steering selected Add or deck, Left in Center Right in Glove Knee Winds of the pillar, steering Winds of the pillar, (passe	or  ng wheel rim ng wheel hub/sp ng wheel (comb les 04 and 05) ng column, trans or lever, other a n equipment (e. air conditioner) istrument panel r instrument pane compartment d	and below and below oor one or more theader, A-el, mirror, or ore theader, A-el, or mirror	(26) (27) (28) RIGHT (30) (31) (32) (33) (34) (35) (36) (37) (38) INTERIO	Left side one or m frame, w B pillar, c Other lef Left side SIDE Right side excluding Right side excluding Right side excluding Right side one or m frame, v B pillar, Other right side one or m frame, v B pillar, Other right side one or m frame, v B pillar, Other right side one or m frame, v B pillar, Other right side one or m frame, v B pillar, Other right side one or m frame, v B pillar, Other right side one or m frame, v B pillar, Other right side one or m frame, v B pillar, Other right side one or m frame, v B pillar, Other right side one or m frame, v B pillar, Other right side one or m frame, v B pillar, Other ri		(49)  ROOF (50) (51) (52) (53) (54)  FLOOR (56) (57) (58) (59)  REAR (60) (61)	Child safety seat ( Other interior object  Front header Rear header Roof left side rail Roof right side rail Roof or convertible  Floor (including to floor or console ransmission leve console Parking brake har Foot controls included brake  Backlight (rear was backlight storage other rear object	indow) ret (specify):  il le top  oe pan) mounted r, including  odle uding parking
(21) (22) (23)	Left sexcluded Left sexcent Lef	3 pillar	or armrests r armrest	(41) (42) (43) (44) (45)	Belt rest Belt rest attachm Other re (specify Head re Air bag	traint webbing/buckle traint B-pillar tent point estraint system component ): straint system		CONFIDENCE LE CONTACT PO (1) Certain (2) Probabl	OINT
(24)	Other	left pillar (spec	ify):	(46)	Other o	ccupants (specify):	l l	(2) Flowabl	•

(47) Interior loose objects

(25) Left side window glass or frame

## **AUTOMATIC RESTRAINTS**

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

### **AIR BAGS**

F		Left	Right
 	Availability/Function		
S	Deployment		
1	Failure		

### Air Bag System Availability/Function

- (0) Not equipped/not available
- (1) Air bag

### Non-functional

- (2) Air bag disconnected (specify):
- (3) Air bag not reinstalled
- (9) Unknown

### Air Bag System Deployment

- (O) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

### Did Air Bag System Fail?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (9) Unknown

### **AUTOMATIC BELTS**

		Left	Right
	Availability/Function		
F	Use		
R	Туре		
S	Proper Use		
1	Failure Modes		

# Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts type unknown

### Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

### Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative)
- (3) Automatic belt use unknown
- (9) Unknown

### Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system (9) Unknown

- Proper Use of Automatic (Passive) Belt System
  - (0) Not equipped/not available/not used
  - (1) Automatic belt used properly
  - (2) Automatic belt used properly with child safety seat

### Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):
- (8) Other improper use of automatic belt system (specify):
- (9) Unknown

# Automatic (Passive) Belt Failure Modes During Accident

- (O) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other automatic belt failure (specify):
- (9) Unknown

National Accident Sampling System-Crashworthiness Data System: Interior Vehicle Form

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Ocupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

	page.		· · · · · · · · · · · · · · · · · · ·	
		Left	Center	Right
F	Availability	4	3	4
R S	Use	99	49	99
S T	Failure Modes	4	9	9
SF	Availability			
<b>WHCOZO</b>	Use			
N D	Failure Modes			
H ¬	Availability			
1	Use			
, R D	Failure Modes			
Q	Availability			
Ĥ	Use			
E R	Failure Modes			

Manual (	(Active)	Belt S	vstem	<b>Availability</b>
----------	----------	--------	-------	---------------------

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available type unknown

### Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):
- (9) Unknown

### Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify):
- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used type unknown

- (08) Other belt used (specify):
- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

### Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other manual belt failure (specify):
- (9) Unknown

Wh the	en a child safety seat is present enter the occupant's number using the codes listed	cupant's numb	ber in the first row and complete the column below plete a column for each child safety seat present.
0-	- Number		
	Cupant Number  Type of Child Safety Seat		
2.	Child Safety Seat Orientation		
3.	Child Safety Seat Harness Usage		
4.	Child Safety Seat Shield Uasge		
5.	Child Safety Seat Tether Usage		
6.	Child Safety Seat Make/Model	Specify E	Below for Each Child Safety Seat
1.	Type of Child Safety Seat	3.	. Child Safety Seat Harness Usage
	<ul> <li>(0) No child safety seat</li> <li>(1) Infant seat</li> <li>(2) Toddler seat</li> <li>(3) Convertible seat</li> <li>(4) Booster seat</li> <li>(7) Other type child safety seat (specify):</li> </ul>		<ul> <li>Child Safety Seat Shield Usage</li> <li>Child Safety Seat Tether Usage Note: Options Below Are Used for Variables 3-5.</li> <li>(00) No child safety seat</li> </ul>
2.	(8) Unknown child safety seat type (9) Unknown if child safety seat used Child Safety Seat Orientation		Not Designed with Harness/Shield/Tether (01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market
	<ul> <li>(00) No child safety seat</li> <li>Designed for Rear Facing for</li> <li>This Age/Weight</li> <li>(01) Rear facing</li> <li>(02) Forward facing</li> <li>(08) Other orientation (specify):</li> </ul>		harness/shield/tether added (09) Unknown if harness/shield/tether added or used  Designed With Harness/Shield/Tether (11) Harness/shield/tether not used
	(09) Unknown orientation		(12) Harness/shield/tether used (19) Unknown if harness/shield/tether used
-	Designed for Forward Facing for This Age/Weight (11) Rear facing (12) Forward facing (18) Other orientation (specify):		Unknown If Designed With Harness/Shield/Tether (21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used (99) Unknown if child safety seat used
	(19) Unknown orientation  Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight (21) Rear facing (22) Forward facing (28) Other orientation (specify):	6	6. Child Safety Seat Make/Model (Specify make/model and occupant number)
	(29) Unknown orientation		

(99) Unknown if child safety seat used

Page 7

### **HEAD RESTRAINTS/SEAT EVALUATION**

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
F	Head Restraint Type/Damage	.3	0	3
R	Seat Type	05	05	05
<u>s</u>	Seat Performance	/	/	/
	Seat Orientation			/
s	Head Restraint Type/Damage			,
E C	Seat Type			
0	Seat Performance			
D	Seat Orientation			
т L	Head Restraint Type/Damage			
<b>#</b> L	Seat Type			
Ř D	Seat Performance			
<u> </u>	Seat Orientation			
o L	Head Restraint Type/Damage			
Ť H	Seat Type			
E R	Seat Performance			
n	Seat Orientation			

### Head Restraint Type/Damage by Occupant at This Occupant Position

- No head restraints
- (1) Integral no damage
   (2) Integral damaged during accident
- (3) Adjustable no damage
  (4) Adjustable damaged during accident
  (5) Add-on no damage
  (6) Add-on damaged during accident

- (8) Other Specify):
- (9) Unknown

### Seat Type (this Occupant Position)

- (00) No seat
- (01)**Bucket**
- (02)Bucket with folding back
- (03)Bench
- Bench with separate back cushions (04)
- (05) Bench with folding back(s)
- (06)Split bench with separate back cushions
- (07)Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify):
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

### Seat Performance (this Occupant Position)

- (O) No seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed specify:
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify):
- (7) Combination of above (specify):
- (8) Other (specify):
- (9) Unknown

### Seat Orientation (this Occupant Position)

- (O) No seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify):
- (9) Unknown

# DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT **CONTACT PATTERN)** NONE

VA Pa

# **EJECTION/ENTRAPMENT DATA** Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occpant Assessment Form. **EJECTION** No [√] Yes [ ] Describe indications of ejection and body parts involved in partial ejection(s): Occupant Number **Ejection** (Note on Vehicle Interior Sketch) Ejection Area **Ejection Medium Medium Status** (7) Roof (5) Integral structure **Ejection** (8) Other area (e.g., back of (8) Other medium (specify): (1) Complete ejection pickup, etc.) (specify): (1) Partial ejection (9) Unknown (3) Ejection, Unknown degree (9) Unknown (9) Unknown Medium Status (Immediately Prior **Ejection Medium** to Impact) **Ejection Area** (1) Open (1) Door/hatch/tailgate (1) Windshield (2) Closed (2) Nonfixed roof structure (2) Left front (3) Integral structure (3) Fixed glazing (3) Right front (9) Unknown (4) Nonfixed glazing (specify): (4) Left rear (5) Right rear (6) Rear No [X] Yes [ ] **ENTRAPMENT** Describe entrapment mechanism: Component(s):

(Note in vehicle interior diagram)

48-092A

National Accident Sampling System-Crashworthiness Data System: Occupant Assessment Form  $\sqrt{301}$  Page 3

26. Seat Type (this Occupant Position) (00) Occupant not seated or no seat (01) Bucket (02) Bucket with folding back (03) Bench (04) Bench with separate back cushions (05) Bench with folding back(s) (06) Split bench with separate back cushions (07) Split bench with folding back(s) (08) Pedestal (i.e., column supported) (09) Other seat type (specify):	30. Child Safety Seat Orientation (00) No child safety seat  Designed for Rear Facing for This Age/Weight (01) Rear facing (02) Forward facing (08) Other orientation (specify):  (09) Unknown orientation  Designed For Forward Facing for This Age/Weight (11) Rear facing (12) Forward facing
(99) Unknown  27. Seat Performance (this Occupant Position) (0) Occupant not seated or no seat (1) No seat performance failure(s) (2) Seat adjusters failed (3) Seat back folding locks or "seat back" failed (4) Seat track/anchors failed (5) Deformed by impact of occupant (6) Deformed by passenger compartment intrusion (specify):	(18) Other orientation (specify):  (19) Unknown orientation  Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight (21) Rear facing (22) Forward facing (28) Other orientation (specify):  (29) Unknown orientation (99) Unknown if child safety seat used
(7) Combination of above (specify):  (8) Other (specify):  (9) Unknown  CHILD SAFETY SEAT  28. Child Safety Seat Make/Model (000) No child safety seat	31. Child Safety Seat Harness Usage  32. Child Safety Seat Shield Usage  33. Child Safety Seat Tether Usage Note: Options below applicable to Variables OA31-OA33. (00) No child safety seat  Not Designed With Harness/Shield/Tether (01) After market harness/shield/tether
Applicable codes are found in your NASS CDS Data Collection, Coding and Editing (950) Built-in child safety seat (997) Other make/model (specify):  (998) Unknown make/model (999) Unknown if child safety seat used	added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used  Designed With Harness/Shield/Tether
29. Type of Child Safety Seat  (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (7) Other type child safety seat (specify):  (8) Unknown child safety seat type (9) Unknown if child safety seat used	(11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used  Unknown If Designed With Harness/Shield/Tether (21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used (99) Unknown if child safety seat used



Administration

U.S. Department of Transportation National Highway Traffic Safety

Form Approved O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

**OCCUPANT INJURY FORM** 

1. Primary Sampling Unit Number

3. Vehicle Number

2. Case Number - Stratum

4. Occupant Number

# INJURY DATA

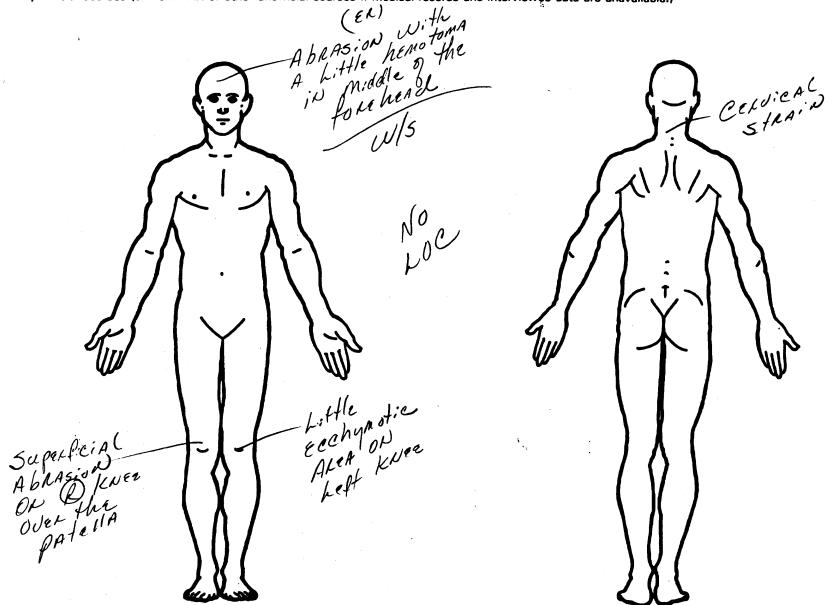
Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Source			0.I.CA.I.S	5			Injury Source	Direct/	
	of Injury Data	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Confidence Level	Indirect Injury	Occupant Area Intrusion No.
1st	5. <u>3</u>	6. <u>F</u>	7. <u>5</u>	8. 🔏	9. <u>I</u>	10	11. <u>Q</u>	12. 🖊	13	14. <u>00</u>
2nd	15.3	16. <u>K</u>	17. <u>R</u>	18. 🛭	19. <u>I</u>	20. 🖊	21. <u>09</u>	22	23	24. <u>00</u>
3rd	25.3	26. <u>K</u>	27. <u>L</u>	28. <u>C</u>	29. <u>I</u>	30	31. <u>09</u>	32.	33	34. <u>00</u>
4th	35 <u>3</u>	36.	37. <u>P</u>	38	39	40	41. <u>Q/</u>	42.2	43. 2	- 44. <u>00</u>
5th	45	46	47	48	49	50	51	52	<b>53.</b>	54
6th	5 <b>5</b>	5 <b>6</b>	57	58	5 <b>9</b>	60	61	62	63	64
7th	65	66	67	68	69	70	71	72	73	74
8th	75	76	77	78	79	80	81	82	83	84
9th	85	86	87	88	89	90	91	92	93	94
10th	95	96	97	98	99	100	101	102	103	104

**OCCUPANT INJURY DATA** O.I.C.-A.I.S Injury Source Source Direct/ of Injury Body **System** A.I.S. Injury Confidence Indirect Occupant Area Data Region Aspect Lesion Organ Severity Source Level Injury Intrusion No. 11th 12th 13th 14th 15th 16th 17th 18th 19th 20th 21st 22nd 23rd 24th 25th

# OFFICIAL INJURY DATA - SOFT TISSUE INJURIES

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



### SOURCE OF INJURY DATA (26) Left side window glass including (61) Backlight storage rack, door, etc. OFFICIAL one or more of the following: (62) Other rear object (specify): (1) Autopsy records with or without hospital frame, window sill, A-pillar, medical records B-pillar, or roof side rail. (2) Hospital medical records other than (27) Other left side object (specify): **EXTERIOR of OCCUPANT'S VEHICLE** emergency room (e.g., dishcarge (65) Hood summary) (28) Left side window sill (66) Outside hardware (e.g., outside (3) Emergency room records only (including mirror, antenna) associated X-rays or other lab reports) Other exterior surface or tires Private physician, walk-in or emergency (30) Right side interior surface, (specify): clinic excluding hardware or armrests (68) Unknown exterior objects Right side hardware or armrest UNOFFICIAL (32) Right A pillar EXTERIOR OF OTHER MOTOR VEHICLE (5) Lay coroner report (33) Right B pillar (70) Front bumper (6) E.M.S. personnel (34) Other right pillar (specify): (71) Hood edge Interviewee (72) Other front of vehicle (specify): Other source (specify): (35) Right side window glass or frame Right side window glass including (73) Hood (9) Police one or more of the following: (74) Hood ornament frame, window sill, A pillar, (75) Windshield, roof rail, A-pillar B pillar, or roof side rail. (76) Side surface **INJURY SOURCE** (37) Other right side object (specify): (77) Side mirrors FRONT (78) Other side protrusions (specify) (01) Windshield (38) Right side window sill (O2) Mirror (79) Rear surface (03) Sunvisor INTERIOR (80) Undercarriage (04) Steering wheel rim (40) Seat, back support (81) Tires and wheels (05) Steering wheel hub/spoke (41) Belt restraint webbing/buckle (82) Other exterior of other motor vehicle (06) Steering wheel (combination (42) Belt restraint B-pillar (specify): of codes 04 and 05) attachment point (07) Steering column, transmission (43) Other restraint system component (83) Unknown exterior of other motor vehicle selector lever, other attachment (specify): (08) Add on equipment (e.g., CB, tape (44) Head restraint system OTHER VEHICLE OR OBJECT IN THE deck, air conditioner) (45) Air bag **ENVIRONMENT** (09) Left instrument panel and below (46)Other occupants (specify): (84) Ground (10) Center instrument panel and below (85) Other vehicle or object (specify) (11) Right instrument panel and below (47) Interior loose objects (12) Glove compartment door (48) Child safety seat (specify): (86) Unknown vehicle or object (13) Knee bolster (14) Windshield including one or more (49) Other interior object (specify): NONCONTACT INJURY of the following: front header, A-(90) Fire in vehicle pillar, instrument panel, mirror, or (91) Flying glass steering assembly (driver side only) **ROOF** (92) Other noncontact injury source (15) Windshield including one or more (50) Front header (specify): of the following: front header, A-(51) Rear header (93) Air bag exhaust gases pillar, instrument panel, or mirror (52) Roof left side rail (97) Injured, unknown source (passenger side only) (53) Roof right side rail (16) Other front object (specify): (54) Roof or convertible top INJURY SOURCE CONFIDENCE LEVEL **FLOOR** LEFT SIDE (1) (56) Floor (including toe pan) Certain (20) Left side interior surface, (57) Floor or console mounted (2) Probable excluding hardware or armrests Possible transmission lever, including Left side hardware or armrest Unknown console (22) Left A pillar (58) Parking brake handle (23) Left B piller (59) Foot controls including parking (24) Other left pillar (specify): DIRECT/INDIRECT INJURY brake (1) Direct contact injury (25) Left side window glass or frame REAR Indirect contact injury (60) Backlight (rear window) (3) Noncontact injury Injured, unknown source (7)

OCCUPANT INJURY CLASSIFICATION	URY CLASSIFICATION	JURY	OCCUPANT
--------------------------------	--------------------	------	----------

0.1.	.C. Body Region	Aspect of Injury	(F)	Fracture	(L)	Liver
(M) (Q) (A) (B) (C) (E) (F) (R) (H)	Abdomen Ankle—foot Arm (upper) Back-thoracolumbar spine Chest Elbow Face Forearm Head—skull Injured, unknown region	(A) Anterior—front (B) Bilateral (rib fracture only) (C) Central (I) Inferior—lower (U) Injured, unknown aspect (L) Left (P) Posterior—back (R) Right (S) Superior—upper (W) Whole region	(O) (P) (R) (S) (T) (E)	Fracture and dislocation Injured, unknown lesion Laceration Other Perforation, puncture Rupture Sprain Strain Total severance, transection	(M) (R) (P) (R) (S) (C) (C) (C) (C)	Muscles Nervous system Pulmonary—lungs Respiratory Skeletal Spinal cord Spieen Thyroid, other endocrine gland Vertebrae
(K) (L) (Y) (P) (S) (T) (X)	Knee Leg (lower) Lower limbs(s) (whole or unknown part) Neck — cervical spine Pelvic — hip Shoulder Thigh Upper limb(s) (whole or unknown part) Whole body	(A) Abrasion (M) Amputation (V) Avulsion (B) Burn (K) Concussion (C) Contusion (N) Crush	(W) (A) (B) (D) (E) (O) (H) (U)	All systems in region Arteries — veins Brain Digestive Ears Eye Heart Injured, unknown system Integumentary	(1) (2) (3) (4) (5) (6) (7)	Minor injury Scale  Minor injury  Moderate injury  Seriour injury  Severe injury  Critical injury  Maximum (untreatable)  Injured, unknown severity
(W)	Wrist-hand	(G) Detachment, separation (D) Dislocation		Joints Kidneys		

# OFFICIAL INJURY DATA — SKELETAL INJURIES

### Restrained?

∑<sub>No</sub>

Yes

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

## Blood Alcohol Level (mg/dl)

BAL = \_\_\_\_\_

### Glasgow Coma Scale Score

GCSS = 15 ALERT C ORIENTED

### Units of Blood Given

Units =

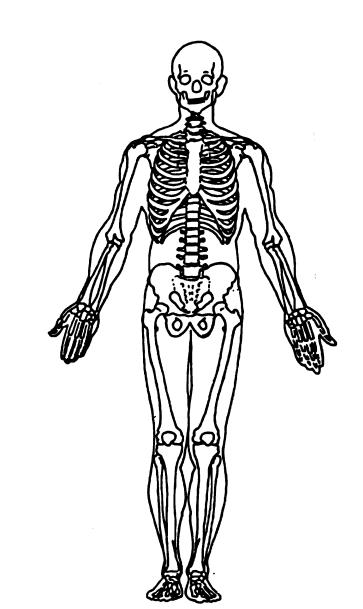
### Aterial Blood Gases /

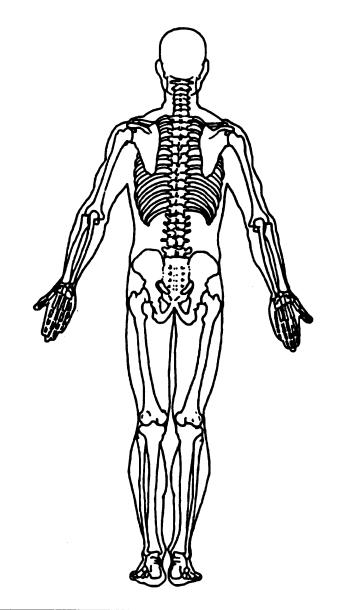
pH = 1

PO<sub>2</sub> = M/A

PCO<sub>2</sub> N/H

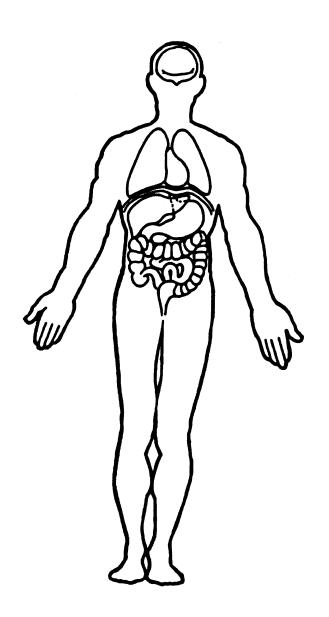
нсо, ///

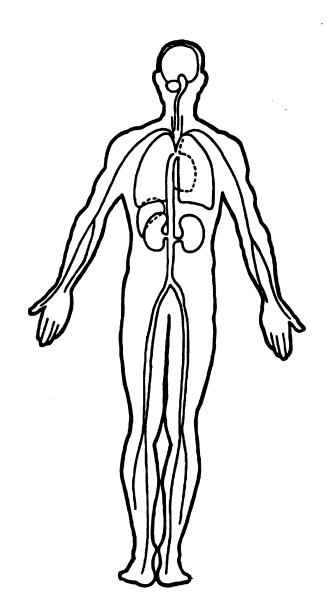




# OFFICIAL INJURY DATA -INTERNAL INJURIES

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)







# **CRASHPC PROGRAM SUMMARY**

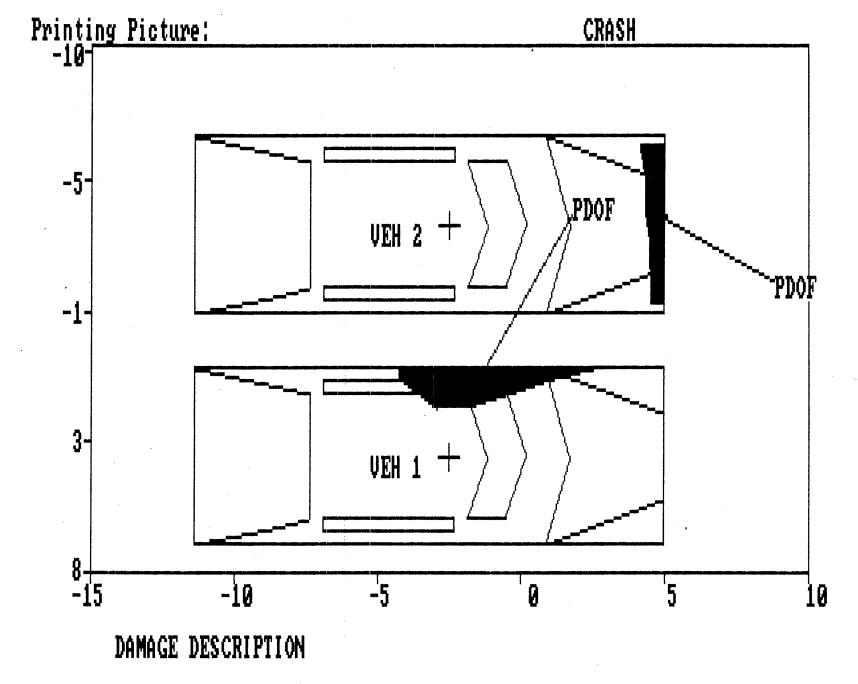
National Highway Traffic Safety

NATIONAL ACCIDENT SAMPLING SYSTEM

Administration	CRASHWORTHINESS DATA SYSTEM										
Identifying Title  Primary  Case NoStratum  Acc	Date (Month, day, year) of Run										
Sampling Unit Sec	quence No.										
CRASHPC Vehicle Identification	, _										
Vehicle 1	1aurus										
Vehicle 2	1A B200 P.W. 2										
Year Make	Model / NASS Veh. No.										
GENERAL INF	ORMATION										
	VEHICLE 3										
VEHICLE I Size 286	VEHICLE 2 Size 2639										
2410 1/12 0 2/04	2-00- 111 0 0-0-										
Weight Occupant(s) Cargo 33 35	Weight Occupant(s) Cargo 28 / 9										
CDC 10 LYEW3	coc OI FDEW2										
PDOF	PDOF +20 + 3 0										
Stiffness 3	Stiffness										
	<del></del>										
SCENE INFO	DRMATION										
Rest and Impact Positions I No, Go To Damage Information [ YYes											
VEHICLE 1	VEHICLE 2										
Rest Position	Rest Position										
×3_8	x 36										
- / O.	Y 2/.										
PSI 258	PSI 2 9 5										
Impact Position	Impact Position										
	x / 8 . 5										
$\frac{\times}{2}$	$\frac{}{}$										
$\frac{1}{2}$	PSI 7										
PSI <u>279</u>											
Slip Angle	Slip Angle										
VEHICLE	MOTION										
Sustained Contact IV No I I Yes											
VEHICLE 1	VEHICLE 2										
Skidding [ ] No [ VI Yes	Skidding [ ] No [1 ] Yes										
Skidding Stop Before Rest [ ] No [ 1/1 Yes	Skidding Stop Before Rest [ No [ ] Yes										
Impact Position	Impact Position										
x <u>425</u>	x										
Y = 3.	Υ										
PSI 2 4 6	PSI										
Curved Path [ ] No [ ] Yes	Curved Path II No I I Yes										
Point on Path	Point on Path										
× <u>45</u> _ Y _ 1L	x · · / / / /										
Rotation Direction [ ] None [ ] CW [ Y CCW	Rotation Direction [ ] None [ ] CW [ I/ CCW										
Rotation > 360° [ ] No [ ] Yes	Rotation > 360° [ µ No [ ] Yes										

National Accident Sampling System-Crashworthiness Data System: CRASHPC Program Summary

FRICTION INFORMATION:	TRAJECTORY INFORMATION							
	Trajectory Data [ ] No [ ] Yes							
	If No, Go To Damage Information							
Rolling Resistance Option	Walting & Const. Applies							
Vehicle 1 Rolling Resistance	Vehicle 1 Steer Angles							
LF 2 _ 9 RF 2 _ 9	LF RF							
LF	LF RF							
	Vehicle 2 Steer Angles							
Vehicle 2 Rolling Resistance	LF RF							
LF RF	LF RF							
LF RF								
	Terrain Boundary [ ] No [ ] Yes							
	1							
	First Point							
	X Y							
	Second Point							
	XY							
·	Secondary Coefficient of Friction							
DAMAGEIN	FORMATION							
VEHICLE 1	VEHICLE 2							
$Q \setminus \Delta \lambda$	6500							
Damage Length	Damage Length							
Crush Depths C1 5 . 5 0	Crush Depths C1 / 0 . 25							
Crush Depths $C1 - 5 0$	Crush Depths $C1 / Q \cdot 25$ $C2 / R \cdot 5$							
	C3 ー ケララ							
$\begin{array}{c} \text{C3} / 5 & \frac{2}{5} \\ \text{C4} / 5 & \frac{5}{5} \end{array}$	C4 _ 6 . 4 0							
C4 / 0 5 0 C5 5 2 5	C5 _ 5 5 0							
C6 0 50	$\begin{array}{c} c_{0} \\ c_{6} \end{array} \begin{array}{c} c_{0} \\ c_{1} \end{array} \begin{array}{c} c_{0} \\ c_{1} \end{array}$							
co <u></u>	co							
Damage Offset ©	Damage Offset ±							
IE THIS COMMON IMPACT WAS WITH A MOTOR VEHICLE	E NOT IN TRANSPORT, FILL IN THE INFORMATION BELOW.							
IF THIS COMMON INFACT WAS WITH A MOTOR VEHICLE								
Model Year:	The Weight, CDC, Scene Data and Damage Information							
Make:	The Weight, CDC, Scene Data and Damage Information for this vehicle should be recorded above.							
Make:	-							
Make:	-							
Make:	for this vehicle should be recorded above.							
Make:	-							



# SUMMARY OF CRASHPC RESULTS (USING SPINOUT)

092A

SPEED CHANGE		TOTAL (MPH)	LONG.(MPH)	LAT.(MPH)	ANG.(DEG)
(DAMAGE)	VEH #1	18.1	-9.1	15.7	-60.0
	VEH #2	21.3	-18.4	-10.6	30.0

ENERGY DISSIPATED BY DAMAGE VEH#1: 52084.1 FT-LB VEH#2: 50713.9 FT-LB

SUMMARY OF DAMAGE DATA
VEHICLE # 1

(\* INDICATES DEFAULT VALUE) VEHICLE # 2

TYPECATEGORY	3		TYPECAT	EGORY 3						
STIFFNESSCATEGORY	3		STIFFNESSCAT	EGORY 8						
WEIGHT 3192.	O LBS.		WEIGHT 2719.0 LBS.							
CDC10LYEW3			CDCO1FDEW2							
L 81.0	IN.		L	65.0 IN.						
C1 5.5	IN.		C1	10.3 IN.						
C2 17.5	IN.		02	7.8 IN.						
C3 15.3	IN.		C:3	7.8 IN.						
04 10.5	IN.		<u>[4</u>	6.4 IN.						
C5 5.3	IN.		C:5	5.5 IN.						
06	IN.		ce	5.7 IN.						
D 19.7	•		D	.0						
RH0 1.00	)	*	R:H0	1.00						
ANG60.0	DEG.		ANG	30.0 DEG.						
D' 11.5	IN.		D'	-3.3 IN.						

# DIMENSIONS AND INERTIAL PROPERTIES

A1	===	51.3	IN.	A2	===	51.3	IN.
B1		55.5	IN.	B2	===	55.5	IN.
TR1	<b>==</b>	58.9	IN.	TR2	===	58.9	IN.
I 1	<b>=</b> =	27587.6	LB-SEC**2-IN	12	<b></b> -	23499.6	LB-SEC**2-IN
M1	===	8.300	LB-SEC**2/IN	M2		7.070	LB-SEC**2/IN
XF1	222	89.8	IN.	XF2	===	89.8	IN.
XR1	==	106.4	IN.	XR2	. ==	-106.4	IN.
YS1	===	36.3	IN.	YS2		36.3	IN.

Estimation of PDOFs From At Impact Heading Angles, Slip, and Momentum Case Number: 092A

Vehicle Numbers: 1 and 2

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)
(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)
(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V1)	GV28(V2)		
Ln. Axis Heading Angle	280	10		
CG Heading Angle	280	10		
CRASH 3 Slip Angle	0	0		
Weight-Vehicle Curb Wt	3049	2539		
Weight-Occupant(s)	286	159		
Weight-Cargo	O	O		
Weight-Total	3335	2698		
Estimated Speed	15	35		
Momentum*(22mi/hr/sec)	50025	94430		
PDOF (Degrees)	-62	28		
PDOF (Clock Direction)	10	1	<b>9</b> i	STM

# 1992 ACCIDENT FORM

1. PSU Number 48

2. Case Number 092A

IDENTIFICATION

3. No. of G.V. Forms Sub. 02 4. Accident Date 4. 4. Accident Date 4. 5. Accident Time 0928

SPECIAL STUDIES INDICATORS

NUMBER OF EVENTS 11. Number of Recorded Events in Accident 03

#### ACCIDENT EVENTS

Accident Sequence Number	Vehicle Number	Class of Vehicle	General Area of Damage	Veh. Num. or Obj. Cont.	Class of Vehicle	General Area of Damage	
012. 01	013. 01	014. 03	015. L	016. 02	017. 15	018. F	
019. 02	020. 01	021. 03	022. R	023. 50	024. 00	025. O	
026. 03	027. 01	028. 03	029. R	030. 51	031. 00	032. O	

# \*\*\*\*\*\*\*\*\*\*

# 1992 GENERAL VEHICLE FORM

1. PSU Number 2. Case Number 3. Vehicle Number	48 092A	ENEKAI	L VE	HICLE FORM		
VEHICLE IDENTIFICA 4. Model Year 6. Model 8. VIN	ATION 91 017 1FACP52UOM	<b>L</b>		Make Body Type	12 04	
OFFICIAL RECORDS  9. Police Report  11. Police Rep. A		1 O		Police Reported Alcohol Test Res		
ACCIDENT RELATED 13. Speed Limit 15. Accident Type		25 89	14.	Attempted Avoid.	Manuever	01
OCCUPANT RELATED 16. Driver Present 18. No. Occupant		1 02	17.	No. Occupants Th	is Vehicle	02
VEHICLE WEIGHT IT		030	20.	Vehicle Cargo We	ight	00
RECONSTRUCTION DA 21. Towed Trailing 23. Post Col. Con	g Unit	0		Trajectory Data : Rollover	Documented	0
OVERRIDE/UNDERRID						
HEADING ANGLE AT 27. Heading Angle 29. Basis for Tot	This Vehicle			V Heading Angle Ot	her Vehicle	007
COMPUTER GENERATE 30. Total Delta V 31. Longitudinal 32. Lateral Compo 33. Energy Absorp 34. Confidence in 35. Type of Vehic	Component of Del nent of Delta V tion Reconstruction le Inspection		am R	esults	18 -09 +16 0521 1	
36. Is this an AO	PS vehicle?				1	

37.	Police	Reported	Other	Drug	Presenc	e				)
38.	Police	Observati	ion/Per	cepti	ion Test	Type	for	Driver	0	)
39.	Other D	ruq Speci	imen Te	st Ty	/pe for	Driver			C	)

# DRUG EVALUATION CLASSIFICATION/OTHER TEST RESULTS FOR DRIVER

		•		
Narcotic Drug Depressant Drug Stimulant Drug Hallucinogen Drug Cannabinoid Drug Phencyclidine(PCP) Inhalant Drug Other Drug	DEC Observer Percept: Test Results 40. 0 42. 0 44. 0 44. 0 46. 0 50. 0 52. 0 54. 0	ion	Specimen Test Results 41. 0 43. 0 45. 0 47. 0 49. 0 51. 0 53. 0	
OTHER DATA 56. Driver's Zip Code 58. Vehicle Special Use (This Trip)	0	<b> </b> 57. Dr	iver's Race/Ethnic Origin	9
ROLLOVER DATA 59. Rollover Initiation Type 61. Rollover Initiation Object Contacted 63. Direction of Initial Roll	o oo o	62. Lo	cation of Rollover Initiation cation on Vehicle Where Initia incipal Tripping Force Applied	0
PRECRASH DATA 64. Pre-Event Movement (Prior Recognition of Critical Event 66. Precrash Stability After		67. Pr	itial Critical (Precrash) Event ecrash Directional Consequence	

Avoidance Maneuver

Corrective Action

### 1992 VEHICLE EXTERIOR FORM

1.	PSU Number	48
2.	Case Number	092A
З.	Vehicle Number	01

30. Fire Occurrence

31. Origin of Fire 32. Type of Fuel Tank

# COLLISION DEFORMATION CLASSIFICATION HIGHEST DELTA "V" .

Accident Sequence Object Number Contacted								Lon or	gitu lat.	.c ıd.	Ver on Late	cific tical ral eral	Damage			Deform. Extent				
4.	01	5.	02	I	6.	10	7.	L		8.	Υ		9.	E	10.	W	1	1.	03	
SECC	SECOND HIGHEST DELTA "V"																			
12.	03	13.	51		14.	01	15	. R		16.	Υ		17.	E	18.	S	1	9.	01	
	H PR( HEST 1																			
20.	L 063	2		C1 06	C2 18	C3 15	C4 11	C5 O5	C6 01		22.		-D 20							
SECC	H QNC	IGHES	T DEI	LTA	"V"															
23.	L	2	4. 1	Ci	C2	C3	C4	C5	C6		25.	+/	′-D							
26.	CDC:	3 Doc	umeni	ted	but	not	cod	ed	1	2	7.	Res	ear:	chers	Asses	s. Vel	h.	Disp	) "	L
28. Original Wheelbase 106.0																				

0

0

0

29. Multi-staged Manufactured/Certified Altered Vehicle?

\*\*<del>\*</del>

#### 1992 VEHICLE INTERIOR FORM

- 1. PSU Number 48
- 2. Case Number 092A
- 3. Vehicle Number 01

#### INTEGRITY

4. Passenger Compartment 06

Door, Tailgate or Hatch opening
5. LF 3 6. RF 1 7. LR 3 8. RR 1 9. TG/H 0

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision
10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

#### GLAZING

Glazing Damage 15. WS 2 16. LF 6 17. RF 0 18. LR 6 19. RR 0 20. BL 0 21. Roof 8 22. Other 0

Glazing Damage from Occupant Contact 23. WS 0 24. LF 0 25. RF 0 26. LR 0 27. RR 0 28. BL 0 29. Roof 0 30. Other 0

#### GLAZING (Cont.)

Type of Window/Windshield Glazing 31. WS 1 32. LF 2 33. RF 0 34. LR 2 35. RR 0 36. BL 0 37. Roof 0 38. Other 0

Window Precrash Glazing Status 39. WS 1 40. LF 2 41. RF 0 42. LR 2 43. RR 0 44. BL 0 45. Roof 0 46. Other 0

### OCCUPANT AREA INTRUSION

Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
47. 11	48. 07	49. 4	50. 3
51. 21	52. 10	53. 4	54. 3
55. 11	56. 10	57. 4	58. 3
59. 21	60. 17	61. 4	62. 3
63. 11	64. 17	65 <b>.</b> 4	66. 3
67. 23	68. 19	69. 3	70. 2
71. 11	72. 13	73. 2	<b>74.</b> 3
75. 11	76. 12	77 <b>.</b> 2	78. 1
79. 11	80. 27	81. 2	<b>82.</b> 3
83. 21	84. 19	<b>85.</b> 2	86. 2

# STEERING COLUMN

89. 91.	Steering Column Type Vertical Movement(+/-) Longitudinal Movement(+/-) Location of Rim/Spoke Deform		90.	Lateral	Column Co: Movement(+. Rim/Spoke	/-)	0
	1	NSTRUME	ENT F	PANEI			

94.	Odometer Reading	002,000	95.	Instrument	Panel Damage	e ()
96.	Knee Bolsters Deformed	8	97.	Glove Door	Open	0

#### 1992 OCCUPANT ASSESSMENT FORM 1. PSU Number 48 2. Case Number 092A 3. Vehicle Number 01 4. Occupant Number 01 OCCUPANT'S CHARACTERISTICS 6. Sex 2 Age 63 7. Height 99 8. Weight 999 9. Role 1 5. 10. Seat Position 11 11. Posture 9 EJECTION/ENTRAPMENT 12. Ejection 2 13. Ejection Area 2 14. Ejection Medium 4 15. Medium Status 2 16. Entrapment 0 RESTRAINT SYSTEM AND SEAT EVALUATION 4 17. Belt System Availability 18. Belt System Use 049 19. Proper Use of Belt 20. Belt Failure Modes During Impact 1 21. Air Bag Availability 22. Air Bag Deployment 4 1 24. Police Reported Restraint Use 23. Did Air Bag Fail? 1 :1 25. Head Restraint Type/Damage by Occupant at this Position 3 06 27. Seat Performance 26. Seat Type 6 CHILD SAFETY SEAT 28. Child/Safety Seat Make/Model 000

0

00

00

00

29. Type of Child Safety Seat

30. Orientation

31. Harness

32. Shield 33. Tether

34. Severity (Police Rating) 4 35. Treatment - Mor 36. Type of Med. Facility (Initial) 1 37. Hospital Stay 38. Working Days Lost 62 39. Time to Death	•	1 00 01
MEDICALLY REPORTED CAUSE OF DEATH 40. Cause #1 99 41. Cause #2 00 43. Number of Recorded Injuries 97 -	42. Cause #3	00
44. Automatic (Passive) Belt System Availability/Function 45. Automatic (Passive) Belt System Use 46. Automatic (Passive) Belt System Type 47. Proper Use of Automatic (Passive) Belt System 48. Automatic (Passive) Belt System Failure Mode 49. Seat Orientation (this Occupant Position) 50. Glasgow Coma Scale (GCS) Score 51. Was the Occupant Given Blood? 52. Arterial Blood Gases (ABG) - HCO3	0 0 0 0 0 1 97 9	
HH1271 2 ****** THIS CASE SHOWS EJECTION WITH RESTRAIN HH1272 ****** CHECK YOUR DATA AND IF CORRECT, NOTIFY HH1273 EJECTION OA12 is equal to 1-3 and (MANUAL BELT HH127 equal 00 or AIR BAG DEPLOYMENT OA22 does not e HH127 or AUTOMATIC BELT USE OA45 does not equal 0).	YOUR ZONE **** USE OA18 does	**

HH1281 2 \*\*\*\*\*\* THIS VEHICLE IS INICATED AS HAVING AN AIRBAG. \*\*\*\*

HH1283 AIR BAG AVAILABILITY/FUNCTION 0A21 equals 1-3.

\*\*\*\*\* CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE \*\*\*\*\*\*

INJURY CONSEQUENCES

HH1282

3. Vehicle Number 4. Occupant Number	01 02			
OCCUPANT'S CHARACT 5. Age 65 6. 10. Seat Position	Sex 2 7	. Height 99 1. Posture 9		<u>:</u>
EJECTION/ENTRAPMEN 12. Ejection 15. Medium Status	0 13.	Ejection Are Entrapment	ea O 14. Ejection Medium O O	
 RESTRAINT SYSTEM A 17. Belt System Av 19. Proper Use of 21. Air Bag Availa 23. Did Air Bag Fa 25. Head Restraint	ailability Belt bility il?	4 18. 0 20. 0 22. 0 24.	Belt Failure Modes During Impact Air Bag Deployment Police Reported Restraint Use	3 0 0 0 00

06

27. Seat Performance

6

1992 OCCUPANT ASSESSMENT FORM

1. PSU Number

2. Case Number

26. Seat Type

48

092A

CHIL	_D SAFETY SEAT	
28.	Child/Safety Seat Make/Model	000
29.	Type of Child Safety Seat	0
30.	Orientation	00
31.	Harness	00
32.	Shield	00
33.	Tether	00

34. Severity (Police Rating) 36. Type of Med. Facility (Initial) 38. Working Days Lost	1	37.			9 99 00
MEDICALLY REPORTED CAUSE OF DEATH 40. Cause #1 00 41. 43. Number of Recorded Injuries		<b>∍</b> #2	00 42.	Cause #3	00

44.	Automatic (Passive) Belt System Availability/Function	0
45.	Automatic (Passive) Belt System Use	0
46.	Automatic (Passive) Belt System Type	0
47.	Proper Use of Automatic (Passive) Belt System	0
48.	Automatic (Passive) Belt System Failure Mode	0
49.	Seat Orientation (this Occupant Position)	1
50.	Glasgow Coma Scale (GCS) Score	97
51.	Was the Occupant Given Blood?	9
52.	Arterial Blood Gases (ABG) - HCO3	97



INJURY CONSEQUENCES

If TREATMENT OA35 equals 9, then MEDICAL FACILITY OA36 should equal 9.

# $\frac{1}{1}$

	1992 G	ENERA	VEHICLE FORM	
1. PSU Number 2. Case Number 3. Vehicle Number	48 092A 02			
VEHICLE IDENTIFIC				
4. Model Year 6. Model	86 471	makers	5. Make417. Body Type30	
8. VIN	JM2UF111360			
OFFICIAL RECORDS  9. Police Report	ed Disposition	1	10. Police Reported Trav	vel Speed 35
11. Police Rep. A			12. Alcohol Test Result	
ACCIDENT RELATED		OF	44 055	
13. Speed Limit 15. Accident Type		35 88	14. Attempted Avoid. Mar	nuever 03
OCCUPANT RELATED	ce in Vehicle	1	17. No. Occupants This V	Vehicle 01
18. No. Occupant				
VEHICLE WEIGHT IT				
19. Vehicle Curb	Weight	025	20. Vehicle Cargo Weight	00
RECONSTRUCTION DA	a Unit	0	22. Trajectory Data Docu	umented 1
23. Post Col. Con	d. of Tree/Pole	0	24. Rollover	0
OVERRIDE/UNDERRID 25. F 0 26. R				
HEADING ANGLE AT				
27. Heading Angle 29. Basis for Tot		007 1	28. Heading Angle Other	Vehicle 279
COMPUTER GENERATE	D DELTA V			
30. Total Delta V 31. Longitudinal	,	+ U		21 -18
32. Lateral Compo	nent of Delta V	ve v		-11
33. Energy Absorp 34. Confidence in		Progr	m Results	0507 1
35. Type of Vehic				1
36. Is this an AO	PS vehicle?			0

37.	Police Reported Other Drug Presence	0
38.	Police Observation/Perception Test Type for Driver	0
39.	Other Drug Specimen Test Type for Driver	0

# DRUG EVALUATION CLASSIFICATION/OTHER TEST RESULTS FOR DRIVER

Narcotic Drug Depressant Drug Stimulant Drug Hallucinogen Drug Cannabinoid Drug Phencyclidine(PCP) Inhalant Drug Other Drug	DEC Obser Percepti Test Resu 40. 0 42. 0 44. 0 46. 0 48. 0 50. 0 52. 0	on lts	Specimen     Test Results 41.		
OTHER DATA 56. Driver's Zip Code 58. Vehicle Special Use (This Trip)	0	57. Driver'	s Race/Ethnic	: Origin	1
ROLLOVER DATA 59. Rollover Initiation Type 61. Rollover Initiation Object Contacted 63. Direction of Initial Roll	0 00	62. Locatio	n on Vehicle	r Initiation Where Initial Force Applied	
PRECRASH DATA  64. Pre-Event Movement (Prior Recognition of Critical Events)		65. Initial	Critical (Pa	recrash) Event	66

66. Precrash Stability After 2 67. Precrash Directional Consequences 2

Corrective Action

Avoidance Maneuver

<del>\*</del>

#### 1992 VEHICLE EXTERIOR FORM

1.	PSU Number	48
2.	Case Number	092A
З.	Vehicle Number	02

# COLLISION DEFORMATION CLASSIFICATION HIGHEST DELTA "V" .

	•						
Accident Sequence Object Number Contacted	Direction Deform. of Force Location	Specific Specific Vertical Longitud. or or lat. Lateral Location Location	Type of Deform. Damage Extent Distrib.				
4. 01 5. 01	6. 01 7. F	8. D 9. E	10. W 11. 02				
SECOND HIGHEST DELT	'A "V"						
12. 13.	14. 15.	16. 17.	18. 19.				
CRUSH PROFILE HIGHEST DELTA "V"							
20. L 21. C1 065 10							
SECOND HIGHEST DELT	'A "V"						
23. L 24. C1	C2 C3 C4 C <b>5</b> C6	5 25. +/-D					
26. CDCS Documente	d but not coded 0	27. Researchers	Assess. Veh. Disp. 1				
28. Original Wheelbase 108.7							
29. Multi-staged Manufactured/Certified Altered Vehicle? 0 30. Fire Occurrence 0 31. Origin of Fire 0 32. Type of Fuel Tank 1							

#### 1992 VEHICLE INTERIOR FORM

- 1. PSU Number 48
- 2. Case Number 092A
- 3. Vehicle Number 02

#### INTEGRITY

4. Passenger Compartment 00

Door, Tailgate or Hatch opening
5. LF 9 6. RF 9 7. LR 0 8. RR 0 9. TG/H 0

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision 10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

#### GLAZING

Glazing Damage 15. WS 0 16. LF 0 17. RF 0 18. LR 0 19. RR 0 20. BL 0 21. Roof 0 22. Other 0

Glazing Damage from Occupant Contact 23. WS 2 24. LF 0 25. RF 0 26. LR 0 27. RR 0 28. BL 0 29. Roof 0 30. Other 0

#### GLAZING (Cont.)

Type of Window/Windshield Glazing 31. WS 1 32. LF 0 33. RF 0 34. LR 0 35. RR 0 36. BL 0 37. Roof 0 38. Other 0

Window Precrash Glazing Status 39. WS 1 40. LF 0 41. RF 0 42. LR 0 43. RR 0 44. BL 0 45. Roof 0 46. Other 0

# OCCUPANT AREA INTRUSION

Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
47.	48.	49,	50.
51.	52.	53.	54.
55.	56.	57.	58.
59.	60.	61.	62 <b>.</b>
63.	64.	65.	66.
67 <b>.</b>	68.	69.	70.
71.	72.	73 <b>.</b>	74.
75.	76.	77.	78.
79.	80.	81.	82.
83.	84.	85.	86.

# STEERING COLUMN

87.	Steering Column Type	1	88. Steering Column Collapse
89.	Vertical Movement(+/-)		90. Lateral Movement(+/-)
91.	Longitudinal Movement(+/-)		92. Steering Rim/Spoke Deform 1
93.	Location of Rim/Spoke Deform	05	- ,
		05	72. Orser ind kimyphoke beloum i

# INSTRUMENT PANEL

94.	Odometer Reading	046,000	95.	Instrument	Panel I	Damage	1
96.	Knee Bolsters Deformed	8	97.	Glove Door	Open	<u>-</u> -	0

# 1992 OCCUPANT ASSESSMENT FORM 1. PSU Number 48 2. Case Number 092A 3. Vehicle Number 02 4. Occupant Number 01 OCCUPANT'S CHARACTERISTICS 5. Age 22 6. Sex 1 7. Height 75 8. Weight 180 9. Role 1 10. Seat Position 11 11. Posture 0 EJECTION/ENTRAPMENT 12. Ejection 0 13. Ejection Area O 14. Ejection Medium O 16. Entrapment O 15. Medium Status 0 RESTRAINT SYSTEM AND SEAT EVALUATION 17. Belt System Availability 4 18. Belt System Use 19. Proper Use of Belt 0 20. Belt Failure Modes During Impact 21. Air Bag Availability 0 22. Air Bag Deployment 23. Did Air Bag Fail? 0 24. Police Reported Restraint Use 00 0 0 0 25. Head Restraint Type/Damage by Occupant at this Position 3 26. Seat Type 05 27. Seat Performance 1 CHILD SAFETY SEAT 28. Child/Safety Seat Make/Model 000 29. Type of Child Safety Seat 30. Orientation 0 00 31. Harness 00 32. Shield 00 33. Tether 00 INJURY CONSEQUENCES 34. Severity (Police Rating) 1 35. Treatment - Mortality 36. Type of Med. Facility (Initial) 1 37. Hospital Stay 4 OO. 00 39. Time to Death 38. Working Days Lost 00 MEDICALLY REPORTED CAUSE OF DEATH 40. Cause #1 00 41. Cause #2 00 42. Cause #3 00 43. Number of Recorded Injuries 44. Automatic (Passive) Belt System Availability/Function 45. Automatic (Passive) Belt System Use 0 46. Automatic (Passive) Belt System Type 0 47. Proper Use of Automatic (Fassive) Belt System 0 48. Automatic (Passive) Belt System Failure Mode 0

1

15

1

01

49. Seat Orientation (this Occupant Position)

50. Glasgow Coma Scale (GCS) Score

52. Arterial Blood Gases (ABG) - HCO3

51. Was the Occupant Given Blood?

#### 1992 OCCUPANT INJURY FORM

- 1. PSU NUMBER 48
- 2. CASE NUMBER 092A
- 3. VEHICLE NUMBER 02
- 4. OCCUPANT NUMBER 01

#### INJURY DATA

SOU OF DAT	IRCE INJURY A	BODY REGION	ASPECT	LESION		A.I.S. SEVERITY	INJURY SOURCE		DIR./ INDIR. INJURY	OCC. AREA INTR. NO.
01.	3	F	S	А	I	<u>1</u>	01	1.	1	00
02.	3	K	R	Α	I	1	09	1	. 1	00
03.	3	K	L	C	I	1	09	1	1	00
04.	3	N	P	T	M	1	01	2	2	00

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

EHOO11 (2 If TREATMENT OA35 equals 1, then 1st DEFORMATION EXTENT EV11 EHOO12 should be greater than 03.

VEH NUM = 01

OCCUPANT NUM = 01

HT0051 2 If TREATMENT OA35 equals 1, then at least one A.I.S. SEVERITY HT0052 OI10(n) should be 2-7.

1992 NATIONAL ACCIDENT SAMPLING SYSTEM

ERROR SUMMARY SCREEN

1992

CURRENT VERSION: 5.01

FORM NAME	NUMBER OF DOLLAR SIGNS	NUMBER OF LEVEL 1 ERRORS	NUMBER OF LEVEL 2 ERRORS	VERSION NUMBER CONSISTENT
Accident	O	0	0	<b>v</b>
General Vehicle	Ô	O	Ö	, ,
Vehicle Exterior	<b>O</b>	Ō	Ō	Ý
Vehicle Interior	0	0	Ô	Ý
Occupant Assessment	0	0	3	Ÿ
Occupant Injury	0	ं	្	Υ
Total Inter Errors		0	2	
Total Case Errors	0	0		

### 1992 VEHICLE EXTERIOR FORM

Zore 3

 $\circ$ 

0

0

1. PSU Number

48

2. Case Number 092A

3. Vehicle Number 01

30. Fire Occurrence

32. Type of Fuel Tank

31. Origin of Fire

COLLISION DEFORMATION CLASSIFICATION

	ω,		IGHEST I	DELTA "V"			
Accident Sequence Obje Number Cont		ection De Force Lo	form. cation			Type of Damage Distrib.	Deform. Extent
4. 01 5.	02 6.	10 7.	L	8. Y	9. E	10. W	11. 03
SECOND HIGHES	T DELTA "V	<b>u</b> - *					
12. 03 13.	51 14.	01 15	; E	16. Y	17. E	18. S	19. 01
							<u>.</u>
CRUSH PROFILE HIGHEST DELTA							
20. L 2	06 18	C3 C4 15 11	C5 C6 O5 O1		/-D 020		
SECOND HIGHES	T DELTA "V			<i>:</i>			
23. L 2	4. C1 C2	C3 C4	C5 C6	25 <b>.</b> +	/-D	•	
26. CDCS Doc	umented but	t not cod	ed · i	27. Re	searchers	Assess. Veh	. Disp. 1
28. Original	Wheelbase	106.0					

29. Multi-staged Manufactured/Certified Altered Vehicle?

* <b>*******</b>	*******	*********

EHOO11 2 If TREATMENT OA35 equals 1, then 1st DEFORMATION EXTENT EV11 EH0012 should be greater than 03. VEH NUM = 01 OCCUPANT NUM = 01

1992 GENERAL VEHICLE FORM
1. PSU Number 48
2. Case Number 092A

3. Vehicle Number 02

VEHICLE IDENTIFICATION

4. Model Year 86 6. Model 471

JM2UF1113G0 8. VIN

5. Make 7. Body Type 41

30

OFFICIAL RECORDS

9. Police Reported Disposition 1 10. Police Reported Travel Speed 35 11. Police Rep. Alcohol Presence 0 12. Alcohol Test Result for Driver 96

The control of same and account to the control of t

ACCIDENT RELATED

35 \_14. Attempted Avoid. Manuever 03 13. Speed Limit

15. Accident Type

OCCUPANT RELATED

16. Driver Presence in Vehicle 1 17. No. Occupants This Vehicle 01

18. No. Occupant Forms Submitted 01

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight 026 20. Vehicle Cargo Weight 00

RECONSTRUCTION DATA

21. Towed Trailing Unit 0 22. Trajectory Data Documented 1 23. Post Col. Cond. of Tree/Pole 0 24. Rollover 0

OVERRIDE/UNDERRIDE (this vehicle)

25. F 0 26. R 0

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

27. Heading Angle This Vehicle 007 28. Heading Angle Other Vehicle 279 29. Basis for Total Delta V 1

COMPUTER GENERATED DELTA V	
30. Total Delta V	21
31. Longitudinal Component of Delta V	-18
32. Lateral Component of Delta V	-11
33. Energy Absorption	0507
34. Confidence in Reconstruction Program Results	1
35. Type of Vehicle Inspection	1
36. Is this an ADPS vehicle?	O

37.	Police	Reported	Other	Drug	Presence	?		0
38.	Police	Observati	on/Per	cepti	on Test	Type fo	r Driver	0
39.	Other !	Drug Speci	men Te	st Ty	pe for D	river)		0

# DRUG EVALUATION CLASSIFICATION/OTHER TEST RESULTS FOR DRIVER

	DEC Observation/ Perception	Specimen Test
	Test Results	Results
Narcotic Drug	40. 0	41. 0
Depressant Drug	42. 0	43. 0
Stimulant Drug	44. 0	<b>45.</b> 0
Hallucinogen Drug	46. 0	47. 0
Cannabinoid Drug	48. 0	49. 0
Phencyclidine(PCP)	50. O	51. 0
Inhalant Drug	52. 0	53. 0
Other Drug	54. 0	55. O

OTHE	ER DATA				
	Driver's Zip Code Vehicle Special Use (This Trip)	Ō	57.	Driver's Race/Ethnic Origin	1
ROLI	_OVER DATA				
59.	Rollover Initiation Type	0	<b>60.</b>	Location of Rollover Initiation	O
61.	Rollover Initiation	00	62.	Location on Vehicle Where Initial	O
	Object Contacted			Principal Tripping Force Applied	
63.	Direction of Initial Roll	0			
PRE(	CRASH DATA				
64.	Pre-Event Movement (Prior to	01	65.	Initial Critical (Precrash) Event	66
	Recognition of Critical Even	t)			
66.	Precrash Stability After	2	67.	Precrash Directional Consequences	1
	Avoidance Maneuver			Corrective Action	

#### 1992 VEHICLE INTERIOR FORM

- 1. PSU Number 48
- 2. Case Number 092A
- 3. Vehicle Number 02

#### INTEGRITY

4. Passenger Compartment 00

Door, Tailgate or Hatch opening 5. LF 1 6. RF 1 7. LR 0 8. RR 0 9. TG/H 0

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision 10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

#### GLAZING

Glazing Damage

15. WS 0 16. LF 0 17. RF 0 18. LR 8 19. RR 8 20. BL 0 21. Roof 8 22. Other 8

Glazing Damage from Occupant Contact 23. WS 2 24. LF 0 25. RF 0 26. LR 0 27. RR 0 28. BL 0 29. Roof 0 30. Other 0

#### GLAZING (Cont.)

Type of Window/Windshield Glazing 31. WS 1 32. LF 0 33. RF 0 34. LR 0 35. RR 0 36. BL 0 37. Roof 0 38. Other 0

Window Precrash Glazing Status 39. WS 1 40. LF 0 41. RF 0 42. LR 0 43. RR 0 44. BL 0 45. Roof 0 46. Other 0

# OCCUPANT AREA INTRUSION

Location of Intrusion	Intruding Component	Magnitude of Intrusion	<u>Domina</u> nt Crush Direction
47.	48.	49.	50.
51.	52.	53.	54.
55.	56.	57.	58.
59.	50.	<b>61.</b>	62 <b>.</b>
63.	64.	6 <b>5.</b>	66.
67 <b>.</b>	68 <b>.</b>	69 <b>.</b>	70.
71.	72.	73.	74.
7 <b>5.</b>	76.	77.	78 <b>.</b>
79 <b>.</b>	30.	81.	82.
83.	84.	85.	36.

# STEERING COLUMN

87.	Steering Column Type	1	88. Steering Column Collapse
89.	Vertical Movement(+/-)		90. Lateral Movement(+/-)
91.	Longitudinal Movement(+/-)		92. Steering Rim/Spoke Deform 1
93.	Location of Rim/Spoke Deform	05	

### INSTRUMENT PANEL

Odometer Reading Knee Bolsters Deformed	046,000 8	Instrument Glove Door	Damage	1	
					*

```
925.0410000000000209280010003
48092A0000001 1
001000000185591
               925.0410000000000103L0215F
48092A00010012
                 925.0410000000000103R50000
48092A00020012
                 b25.0410000000000103R51000
48092A00030012
                   5.04 000000009112017041FACP52U0MA 111500025018910202030
48092A01000021
00000000279007118-09+160521111
                   5.04 0000000000010101010101010101
48092A01000022
                   5.04 000000000010210LYEW03035101RYES01081061815110501+020
48092A01000031
               1110600001
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48092A01000041
                   5.04 0000000001107432110431110432117431117432319321113231112
48092A01000042
211127232119222
                         000002000
                   5.04 000000006326712511192242040491141430660000000000004110
48092A01010051
062010215011800000102101
                   5.04 0000000002NPDV2232201
48092A01010161
                   5.04 0000000002CBFS4201103
48092A01010261
                   5.04 0000000002SRFS2462100
48092A01010361
                   5.04 0000000002FWAI1912300
48092A01010461
                   5.04 0000000002FWLI1912300
48092A01010561
                   5.04 0000000002CWCI1412100
48092A01010661
                   5.04 0000000002YLCI1202103
48092A01010761
                   5.04 0000000002YRCI1042100
48092A01010861
                   5.04 0000000002XLCI1202103
48092A01010961
                   5.04 0000000002ARCI1462100
48092A01011061
48092A01011161
                   5.04 0000000002HLLI1732197
                   5.04 0000000002HLAI1732197
48092A01011261
48092A01011361
                   5.04 0000000002HLCI1732197
                   5.04 0000000003FLFS1732197
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                   5.04 0000000003CLCP3201103
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                   5.04 0000000003CRCP3201103
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999000000009700000197997
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48092A02000021
00010000007279121-18-110507110
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48092A02000022
                   5.04 000000000010101FDEW02
                                                       065100808060606 000
48092A02000031
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48092A02000041
                   5.04 000000000
48092A02000042
                         105046180
             1
                   5.04 00000000221751801110000004000000030510000000000001410
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000000000000400000115101
                   5.04 0000000003FSAI1011100
48092A02010161
                   5.04 0000000003KRAI1091100
48092A02010261
                   5.04 0000000003KLCI1091100
48092A02010361
                   5.04 0000000003NPTM1012200
48092A02010461
00001000000003
```

#### INTRA ERRORS

HH1271	- 2	****** THIS CASE SHOWS EJECTION WITH RESTRAINT USEAGE. ******
HH1272		***** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE ******
HH1273		EJECTION OA12 is equal to 1-3 and ((MANUAL BELT USE OA18 does
HH1274		not equal 00 or01) or (AIR BAG DEPLOYMENT DA22 does not equal
HH1275		O or 4) or AUTOMATIC BELT USE OA45 does not equal O or 2)).
HH1281	2	****** THIS VEHICLE IS INICATED AS HAVING AN AIRBAG. *****
HH1282		***** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE ******

HH1283 AIR BAG AVAILABILITY/FUNCTION 0A21 equals 1-3.

OCCUPANT INJURY Vehicle: 1 Occupant: 1

#### INTRA ERRORS

TT0371 2 If LESION 0I08(n) equals A, C or V, then INJURY SOURCE 0I11(n) TT0372 should not equal 91.

OCCUPANT ASSESSMENT Vehicle: 1 Occupant: 2

EH0011

#### INTRA ERRORS

HH1001 2 If TREATMENT OA35 equals 9, then MEDICAL FACILITY OA36 should HH1002 equal 9.

#### INTER ERRORS

2 If TREATMENT OA35 equals 1, then 1st DEFORMATION EXTENT EV11

- EH0012 should be greater than 03. GV=01 DA=01

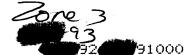
  HT0181 2 If 3rd CAUSE OF DEATH DA42 equals 01-96, then BODY REGION HT0182 DI06(DA42), SYSTEM/ORGAN DI09(DA42) and A.I.S. SEVERITY HT0183 DI10(DA42) should be related according to Table A-13. HT0184 GV=01 DA=01 DI=01
- THIS CASE SHOWS AN AIR BAG NON DEPLOYMENT MM0141 2 \*\*\*\*\* \*\*\*\*\* WITH CONDITIONS OF DOF AND DELTA V WHICH WOULD \*\*\*\*\* MM0142 \*\*\*\*\* NORMALLY CAUSE DEPLOYMENT. CHECK YOUR DATA AND \*\*\*\*\* MM0143 IF CORRECT, NOTIFY YOUR ZONE CENTER. \*\*\*\*\* MM0144 AIR BAG DEPLOYMENT 0A22 equals 4 and ((LONGITUDINAL DELTA V GV31 MM0145 equals 99 and 1st DIRECTION OF FORCE EVO6 equals (10, 11, 12, MM0146 01, or 02)(mod 20) and 1st DEFORMATION EXTENT EV11 is greater MM0147 than 01) or LONGITUDINAL DELTA V GV31 is less than -8). GV=01 OA=01 MM0148

PSU48 CASE 092A CURRENT VERSION: 5.04



NUMBER OF VERSION

FORM NAME	NUMBER OF DOLLAR SIGNS	LEVEL 1 ERRORS	LEVEL 2 ERRORS	NUMBER CONSISTENT
Accident	0	0	0	Y
General Vehicle	Ō	Ö	Ö	Y
Vehicle Exterior	$\circ$	0	О	Υ
Vehicle Interior	Q	0	0	Υ
Occupant Assesment	0 ,	0	3	Υ
Occupant Interior	0	0	1	Υ
Total Inter Errors	-	0	3	
Total Case Errors	0	0	7	



```
48092A00000011 925.03100000000209280000003
001000000185591
48092A00010012
                925.0310000000000103L0215F
                925.0310000000000103R50000
48092A00020012
                925.031000000000103R51000
48092A00030012
                  5.03 0000000009112017041FACP52U0MA 11500025018910202030
48092A01000021
00000000279007118-09+160521111
                  5.03 0000000000010101010101010101
48092A01000022
                  5.03.000000000010210LYEW03035101RYES01081061815110501+020
48092A01000031
               1110600001
                  5.03 0000000006313100000026060080000000001202000012020000
48092A01000041
                  5.03 000000001107432110431110432117431117432319321113231112
48092A01000042
211127232119222
                        000002080
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48092A01010051
062010215011700000102101
                  5.03 0000000002NPDV2232201
48092A01010161
48092A01010261
                  5.03 0000000002CBFS4201103
                  5.03 0000000002SRFS2462100
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                  5.03 0000000002FWAI1252103
48092A01010461
48092A01010561
                  5.03 0000000002FWLI1252103
                  5.03 0000000002CWCI1252103
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                  5.03 0000000002YLCI1202103
48092A01010761
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                  5.03 0000000002XLCI1202100
48092A01010961
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                  5.03 0000000002HLLI1252103
48092A01011261
                   5.03 0000000002HLAI1252103
48092A01011361
                   5.03 0000000002HLCI1252103
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                   5.03 0000000003CRCP3201103
48092A01011661
                   5.03 0000000002MICI1412100
48092A01011761
48092A01020051
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999000000009700000197997
                   5.03 000000000864147130JM2UF1113GQ 13509635038810101026
48092A02000021
00010000007279121-18-110507110
                   48092A02000022
                                                      065100808060606 000
48092A02000031
                   5.03 000000000010101FDEW02
               0110870001
                   5.03 00000000001100000000008808820000000100000010000000
48092A02000041
                   5.03 000000000
48092A02000042
                        105046180
                   5.03 00000000022175180111000000400000003051000000000001410
48092A02010051
000000000000400000115101
48092A02010161
                   5.03 0000000003FSAI1011100
48092A02010261
                   5.03 0000000003KRAI1091100
                   5.03 0000000003KLCI1091100
48092A02010361
                   5.03 0000000003NPTM1012200
48092A02010461
00000000000000
```

# INTRA ERRORS

HH1271 HH1272 HH1273 HH1274 HH1275	2	****** THIS CASE SHOWS EJECTION WITH RESTRAINT USEAGE. ******  ****** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE ******  EJECTION OA12 is equal to 1-3 and (MANUAL BELT USE OA18 does not equal OO or AIR BAG DEPLOYMENT OA22 does not equal O or AUTOMATIC BELT USE OA45 does not equal O).
HH1281 HH1282 HH1283	2	****** THIS VEHICLE IS INICATED AS HAVING AN AIRBAG. *****  ****** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE ******  AIR BAG AVAILABILITY/FUNCTION OA21 equals 1-3.
HH1991 HH1992 HH1993 HH1994	2	****** THIS CASE SHOWS AN AIR BAG DIDN'T DEFLOY. ******  ****** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE  ******  AND NHTSA HEADQUARTERS AT  AIR BAG DEPLOYMENT OA22 equals 4.

#### INTRA ERRORS

HH1001 2 If TREATMENT DA35 equals 9, then MEDICAL FACILITY DA36 should HH1002 equal 9.

#### INTER ERRORS

- EHOO11 2 If TREATMENT OA35 equals 1, then 1st DEFORMATION EXTENT EV11 EHOO12 should be greater than O3. GV=01 OA=01
- CT0031 2 If INJURY SOURCE OI11(n) equals 25 and PRECRASH LEFT FRONT IV40 CT0032 equals 1-3, then CONTACT LEFT FRONT IV24 should equal 1-6. CT0033 GV=01 OA=01 OI=04
- CT0031 2 If INJURY SOURCE OI11(n) equals 25 and PRECRASH LEFT FRONT IV40 CT0032 equals 1-3, then CONTACT LEFT FRONT IV24 should equal 1-6. CT0033 GV=01 OA=01 OI=05
- CT0031 2 If INJURY SOURCE OI11(n) equals 25 and PRECRASH LEFT FRONT IV40 cT0032 equals 1-3, then CONTACT LEFT FRONT IV24 should equal 1-6. CT0033 GV=01 OA=01 OI=06
- CT0031 2 If INJURY SOURCE OI11(n) equals 25 and PRECRASH LEFT FRONT IV40 cT0032 equals 1-3, then CONTACT LEFT FRONT IV24 should equal 1-6. CT0033 GV=01 OA=01 OI=11
- CT0031 2 If INJURY SOURCE OI11(n) equals 25 and PRECRASH LEFT FRONT IV40 CT0032 equals 1-3, then CONTACT LEFT FRONT IV24 should equal 1-6. CT0033 GV=01 OA=01 OI=12
- CT0031 2 If INJURY SOURCE OI11(n) equals 25 and PRECRASH LEFT FRONT IV40 cT0032 equals 1-3, then CONTACT LEFT FRONT IV24 should equal 1-6. CT0033 GV=01 OA=01 OI=13
- CTOO41 2 If INJURY SOURCE OII1(n) equals 25 and PRECRASH LEFT REAR IV42 ctoo42 equals 1-3, then CONTACT LEFT REAR IV26 should equal 1-6.
- CTOO41 2 If INJURY SOURCE OI11(n) equals 25 and PRECRASH LEFT REAR IV42 CTOO42 equals 1-3, then CONTACT LEFT REAR IV26 should equal 1-6. CTOO43 GV=01 OA=01 OI=05
- CT0041 2 If INJURY SOURCE OI11(n) equals 25 and PRECRASH LEFT REAR IV42 CT0042 equals 1-3, then CONTACT LEFT REAR IV26 should equal 1-6. CT0043 GV=01 OA=01 OI=06
- CT0041 2 If INJURY SOURCE 0I11(n) equals 25 and PRECRASH LEFT REAR IV42 cT0042 equals 1-3, then CONTACT LEFT REAR IV26 should equal 1-6. CT0043 GV=01 OA=01 OT=11

- CTOO41 2 If INJURY SOURCE OI11(n) equals 25 and PRECRASH LEFT REAR IV42 CTOO42 equals 1-3, then CONTACT LEFT REAR IV26 should equal 1-6. CTOO43 GV=01 OA=01 OI=12
- CT0041 2 If INJURY SOURCE OI11(n) equals 25 and PRECRASH LEFT REAR IV42 CT0042 equals 1-3, then CONTACT LEFT REAR IV26 should equal 1-6. CT0043 GV=01 OA=01 OI=13
- HTO181 2 If 3rd CAUSE OF DEATH OA42 equals 01-96, then BODY REGION HTO182 OIO6(OA42), SYSTEM/ORGAN OIO9(OA42) and A.I.S. SEVERITY HTO183 OI10(OA42) should be related according to Table A-13. HTO184 GV=01 OA=01 OI=01
- MMO131 1 If AIR BAG AVAILABILITY/FUNCTION OA21 equals 1-3 and BODY TYPE MMO132 GV07 is less than 10 and MODEL YEAR GV04 is greater than 86, MMO133 then BOLSTER DEFORMED IV96 must not equal 8. GV=01 OA=01

### ERROR SUMMARY SCREEN

PSU48 CASE 092A CURRENT VERSION: 5.03



FORM NAME	NUMBER OF DOLLAR SIGNS	NUMBER OF LEVEL 1 ERRORS	NUMBER OF LEVEL 2 ERRORS	VERSION NUMBER CONSISTENT
Accident	0	O·	0	N
General Vehicle	Ō	Ō	ō	N
Vehicle Exterior	O	0	0	N
Vehicle Interior	0	0	0	N
Occupant Assesment	0	0	4	N
Occupant Interior	0	0	0	N
Total Inter Errors		1	14	
Total Case Errors	o	1	18	

```
48092A0000001 925.031000000000209280000003
                                                                 192185591000
001000000185591
              925.031000000000103L0215F
48092A00010012
                B25.0310000000000103R50000
48092A00020012
                1925.0310000000000103R51000
48092A00030012
                   5.03 0000000009112017041FACP52U0MA 11500025018910202030
48092A01000021
00000000279007118-09+160521111
                   5.03 0000000000010101010101010101
48092A01000022
                   5.03 000000000010210LYEW03035101RYES01081061815110501+020
48092A01000031
               1110600001
                   5.03 0000000006313100000026060080000000001202000012020000
48092A01000041
                   5.03 000000001107432110431110432117431117432319321113231112
48092A01000042
                         000002000
211127232119222
                   5.03 000000006326712511192242040491141430660000000000004110
48092A01010051
062010215011800000102101
                   5.03 0000000002NPDV2232201
48092A01010161
                   5.03 0000000002CBFS4201103
48092A01010261
                   5.03 0000000002SRFS2462100
48092A01010361
                   5.03 0000000002FWAI1252103
48092A01010461
                   5.03 0000000002FWLI1252103
48092A01010561
                   5.03 0000000002CWCI1252103
48092A01010661
48092A01010761
                   5.03 0000000002YLCI1202103
                   5.03 0000000002YRCI1042100
48092A01010861
                   5.03 0000000002XLCI1202100
48092A01010961
                   5.03 0000000002ARCI1462100
48092A01011061
                   5.03 0000000002HLLI1252103
48092A01011161
                   5.03 0000000002HLAI1252103
48092A01011261
                   5.03 0000000002HLCI1252103
48092A01011361
                   5.03 0000000003FLFS1232101
48092A01011461
                   5.03 0000000003CLCP3201103
48092A01011561
                   5.03 0000000003CRCP3201103
48092A01011661
                   5.03 0000000002MICI1412100
48092A01011761
48092A01011861
                   5.03 0000000002FLLI1732100
                   5.03 000000006529999921390000400000003066000000000002919
48092A01020051
999000000009700000197997
                   5.03 000000000864147130JM2UF1113G0 13509635038810101026
48092A02000021
00010000007279121-18-110507110
                   10000000016621
48092A02000022
48092A02000031
                   5.03 000000000010101FDEW02
                                                       065100808060606 000
               0110870001
                   5.03 00000000001100000000008808820000000100000010000000
48092A02000041
                   5.03 000000000
48092A02000042
                         105046180
                   5.03 00000000022175180111000000400000003051000000000001410
48092A02010051
000000000000400000115101
                   5.03 0000000003FSAI1011100
48092A02010161
                   5.03 0000000003KRAI1091100
48092A02010261
                   5.03 0000000003KLCI1091100
48092A02010361
                   5.03 0000000003NPTM1012200
48092A02010461
00000000000014
```

# INTRA ERRORS

HH1271 2 HH1272 HH1273 HH1274	****** THIS CASE SHOWS EJECTION WITH RESTRAINT USEAGE. ******  ****** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE ******  EJECTION DA12 is equal to 1-3 and (MANUAL BELT USE DA18 does not equal 00 or AIR BAG DEPLOYMENT DA22 does not equal 0
HH1275	or AUTOMATIC BELT USE QA45 does not equal 0).
	****** THIS VEHICLE IS INICATED AS HAVING AN AIRBAG. *****
HH1281 2	
HH1282	***** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE ******
HH1283	AIR BAG AVAILABILITY/FUNCTION OA21 equals 1-3.
HH1991 2	****** THIS CASE SHOWS AN AIR BAG DIDN'T DEPLOY. ******
HH1993	***** AND NHTSA HEADQUARTERS AT ******
HH1994	AIR BAG DEPLOYMENT OA22 equals 4.

#### INTRA ERRORS

HH1001 2 If TREATMENT OA35 equals 9, then MEDICAL FACILITY OA36 should HH1002 equal 9.

#### INTER ERRORS

- EHOO11 2 If TREATMENT OA35 equals 1, then 1st DEFORMATION EXTENT EV11 EHOO12 should be greater than 03. GV=01 OA=01
- CT0031 2 If INJURY SOURCE OI11(n) equals 25 and PRECRASH LEFT FRONT IV40 CT0032 equals 1-3, then CONTACT LEFT FRONT IV24 should equal 1-6. CT0033 GV=01 OA=01 OI=04
- CTOO31 2 If INJURY SOURCE OI11(n) equals 25 and PRECRASH LEFT FRONT IV40 CTOO32 equals 1-3, then CONTACT LEFT FRONT IV24 should equal 1-6. CTOO33 GV=01 OA=01 OI=05
- CT0031 2 If INJURY SOURCE OI11(n) equals 25 and PRECRASH LEFT FRONT IV40 cT0032 equals 1-3, then CONTACT LEFT FRONT IV24 should equal 1-6. CT0033 GV=01 DA=01 OI=06
- CT0031 2 If INJURY SOURCE OI11(n) equals 25 and PRECRASH LEFT FRONT IV40 CT0032 equals 1-3, then CONTACT LEFT FRONT IV24 should equal 1-6. CT0033 GV=01 OA=01 OI=11
- CT0031 2 If INJURY SOURCE OI11(n) equals 25 and PRECRASH LEFT FRONT IV40 cT0032 equals 1-3, then CONTACT LEFT FRONT IV24 should equal 1-6. CT0033 GV=01 OA=01 OI=12
- CT0031 2 If INJURY SOURCE OI11(n) equals 25 and PRECRASH LEFT FRONT IV40 cT0032 equals 1-3, then CONTACT LEFT FRONT IV24 should equal 1-6. CT0033 GV=01 0A=01 0I=13
- CT0041 2 If INJURY SOURCE OI11(n) equals 25 and PRECRASH LEFT REAR IV42 CT0042 equals 1-3, then CONTACT LEFT REAR IV26 should equal 1-6.

  CT0043 GV=01 OA=01 OI=04
- CT0041 2 If INJURY SOURCE OI11(n) equals 25 and PRECRASH LEFT REAR IV42 CT0042 equals 1-3, then CONTACT LEFT REAR IV26 should equal 1-6. CT0043 GV=01 OA=01 OI=05
- CT0041 2 If INJURY SOURCE OI11(n) equals 25 and PRECRASH LEFT REAR IV42 CT0042 equals 1-3, then CONTACT LEFT REAR IV26 should equal 1-6. CT0043 GV=01 OA=01 OI=06

CT0041	2	[ f	INJURY	SOURCE	OI11(n)	equa:	ls 25	and	PRECRASI	H LEFT	REAR	IV42
CTÖÖ42		equ	als 1-3	3, then	CONTACT	LEFT	REAR	IV26	should	equal	1-6.	
CT0043		GV=	:01 OA=0	)1 OI=11	L							

CTOO41 2 If INJURY SOURCE OI11(n) equals 25 and PRECRASH LEFT REAR IV42 CTOO42 equals 1-3, then CONTACT LEFT REAR IV26 should equal 1-6. CTOO43 GV=01 OA=01 OI=12

CTOO41 2 If INJURY SOURCE OI11(n) equals 25 and PRECRASH LEFT REAR IV42 CTOO42 equals 1-3, then CONTACT LEFT REAR IV26 should equal 1-6. CTOO43 GV=01 OA=01 OI=13

HT0181 2 If 3rd CAUSE OF DEATH OA42 equals 01-96, then BODY REGION HT0182 0I06(OA42), SYSTEM/ORGAN 0I09(OA42) and A.I.S. SEVERITY HT0183 0I10(OA42) should be related according to Table A-13. HT0184 GV=01 OA=01 OI=01

### ERROR SUMMARY SCREEN

/93

PSU48 CASE 092A CURRENT VERSION: 5.03

FORM NAME	NUMBER OF DOLLAR SIGNS	NUMBER OF LEVEL 1 ERRORS	NUMBER OF LEVEL 2 ERRORS	VERSION NUMBER CONSISTENT
Accident	0	0	()	Υ
General Vehicle	ŏ	Õ	Ŏ	Ÿ
Vehicle Exterior	O	0	O	Υ
Vehicle Interior	0	0	0	Υ
Occupant Assesment	O	0	4	Υ
Occupant Interior	0	О	O	Y
Total Inter Errors		<b>O</b> ,	14	
Total Case Errors	O	0	18	

Administration

National Highway Traffic Safety

## SLIDE INDEX

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

Case Number - Stratum 0 9 2 A Primary Sampling Unit Number 4 8 Direction Slide Vehicle **Description of Slide Subject Matter** of No. No. **Picture** Path of travel to impact with V2. W 1-4 Continued path to impact with utility pole. NW 5-7 W Final rest. 8 Lookback from final rest. Ε 9 1 Opposite path from impact with utility pole to impact with V2. Ε 10-11 Opposite direction of travel. E 12-13 Ν Path of travel to point of impact. 2 14-18 Final rest. Ν 19 S Lookback from final rest. 20 Opposite path of travel. S 21-22 Exterior. 23-38 1 Interior. 39-55 2 Exterior. 56-75 Interior. 76-87 88 87 VI <u>V2</u>

Slide No.	Vehicle No.	Direction of Picture	Description of Slide Subject Matter
ž.			





12M (1992) H















PSU 48-092A (1992) #9





























PSU 48-092A (1992) #23





A (1895) 45



(1002)





































PSU 48-092A (1992) #44



PSU 48-092A (1992) #45









46-092A (1992) #4















B-UBZA (1982) #D Bort Available



PSU 48-092A (1992) #: Best Available



e i rober mon



PSU 48-092A (1992) # Best Available



48-092A (1992) # Rest Available



92A (1992) #6



48-U9ZA (199Z) #6 Best Available



PSU 48-092A (1992) #63 Best Available







48-092A (1992) #6 Best Available



Available



U92A (1992)#60 st Available



PSU 48-092A (1992) #69







PSU 48-092A (1992) #72









PSU 48-092A (1992) #76



PSU 48-092A (1992) #77

















The (1002) se



